HUMANITARIAN WORKERS IN SOUTH SUDAN:

MENTAL HEALTH, GENDER, AND ORGANIZATIONAL STAFF SUPPORT

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Abstract

This study focused on humanitarian workers in South Sudan and the interrelation of mental health, gender, and organizational staff support. Based on the propositions of Job Demands-Resources (JDR) theory, I applied mixed methods research in three research phases to 1) investigate prevalence and predictors of common mental health problems among national and international humanitarian workers; 2) examine international humanitarian workers' lived experiences, particularly with respect to gender; and 3) crystallize implications of these findings for humanitarian stakeholders, particularly with respect to organizational staff support.

The survey phase estimated prevalence rates of post-traumatic stress disorder (24%), depression (39%), anxiety disorder (38%), hazardous alcohol consumption in men (35%) and women (36%), and the burnout components emotional exhaustion (24%) and depersonalization (19%). Chronic stress was most consistently associated with mental health problems. Dysfunctional coping predicted mental health problems among humanitarian workers, but emotion-focused and problem-focused coping were neither protective nor predictive of the outcomes studied. Surprisingly, gender was significantly associated with anxiety only, with women being more likely to experience symptoms associated with anxiety diagnosis. However, the focused qualitative phase indicated that gender substantially influenced international humanitarian workers' lived experiences. Men perceived Juba as a convenient duty station. Women experienced a feeling of loneliness on site, and considered it challenging to combine their profession with family life. There was a gap between international humanitarian workers' needs for psychosocial support, and the attention paid to these needs by themselves and their organizations. The evaluation phase showed that organizational staff support provided by NGOs was insufficient to address employees' needs. As expected, national staff had less access to services than international staff, and organizations neglected gender in their staff support programs.

This study provides tailored recommendations to address the identified challenges and gaps in staff support. It demonstrates that a more nuanced version of JDR theory is required to be applicable to humanitarian settings.

Key words: humanitarian workers; national staff; international staff; South Sudan; mental health; gender; staff support; mixed methods research; Job Demands-Resources theory; online survey; lived experience; evaluation

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Abbreviations

ACTED	Agency for Technical Cooperation and Development
Audit-C	Alcohol Use Disorder Identification Test for Consumption
BA	Bachelor's degree
CPA	Comprehensive Peace Agreement
DP	Depersonalization
DRC	Democratic Republic of the Congo
DSM	Diagnostic and Statistical Manual of Mental Disorders
EAP	Employee Assistance Program
EE	Emotional exhaustion
eMH	E-mental health
GDP	Gross domestic product
HCT	Humanitarian Country Team
HR	Human resource
HRP	Humanitarian Response Plan
HSCL-25	Hopkins Symptoms Checklist-25
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IGAD	Intergovernmental Authority on Development
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPA	Interpretative Phenomenological Analysis
JDR	Job Demands-Resource
LASSO	Least Absolute Shrinkage and Selection Operator
MA	Master's degree
MMR	Mixed method research
MSE	Mean squared error
MSF	Doctors without Borders
NGO	Non-governmental Organization
NNGO	National Non-Governmental Organization
PA	Personal accomplishment
PCL-5	Checklist for Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
PoC	Protection of Civilian
PTSD	Posttraumatic Stress Disorder
QMU	Queen Margaret University
R&R	Rest and Recuperation
UK	United Kingdom
UN	United Nations
UNDSS	United Nations Department of Safety and Security
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USD	United States Dollars
WASH	Water, sanitation and hygiene

"Imagine in 20 to 25 years from now you have kids and South Sudan is not what it is now. You can go to South Sudan - it is probably not going to happen, but lets have a dream for a minute - and you bring your kids, and you travel to Wau, because you can. Now it is completely safe, and you show them 'I have worked here 25 years ago and look how amazing'. Now you can meet the people, you can travel, and you are going to be ok, you will not be attacked. How amazing would this be! I was thinking of this when I was flying out of South Sudan, and I was thinking - this would be one of the best things to do in life" (female humanitarian worker, 26, based in Juba, South Sudan).

1 Introduction

1.1 The perils of humanitarian work

The humanitarian needs in countries affected by crises are at an unprecedented level (UN Meetings Coverage and Press Releases, 2017). They are particularly driven by the protracted situations in South Sudan, Syria, and Yemen (ALNAP, 2018). This requires holistic response plans, enormous amounts of funding for humanitarian services – and a workforce ready to deliver these.

Especially in the Global North, humanitarian workers are more often than not portrayed in popular media outlets as enthusiastic, courageous, and selfless souls dedicated to do good (e.g., Alexander, 2013; Bergman, 2003a; Houldey, 2017; TargetJobs, n.d.). And, as the introductory quote from a young, female humanitarian worker based in South Sudan showed, some indeed embody these characteristics. However, humanitarian work is for the most part neither glamorous nor easy. Indeed, being deployed in crisis zones is a perilous business that can have far-reaching adverse effects on humanitarian workers' physical and mental health: humanitarian workers are increasingly exposed to chronic stress, traumatic events and other dangerous situations (Connorton, Perry, Hemenway, & Miller, 2012). Direct attacks against aid workers, such as killings and kidnappings, peaked at 265 in 2013 and remain at worrying levels up to this date (Stoddard, Harvey, Czwarno, & Breckenridge, 2019). Humanitarian workers are also exposed to stressors, such as long working hours, insecurity about the situation in the country, travel difficulties, and witnessing of the suffering of people of concern (Welton-Mitchell, 2013). The oftentimes limited social support networks on site and lack of a permanent home can threaten their sense of belonging, and the profession leaves limited space for personal life goals, such as having a committed relationship and children (Roth, 2015b). Furthermore, sexual violence presents not only an issue between professionals and beneficiaries (Charity Commission for England and Wales, 2019); cases of misconduct have increasingly been reported within the ranks of aid organizations too (Einbinder, 2018). The humanitarian sector also struggles with other forms of gender-based discrimination, and

organizations operating in crisis zones are dominated by a "masculine culture" or "cowboy culture" (Blake, 2017; Gritti, 2015; Redfield, 2012). Thus, there is a gender dimension attached to the perils of humanitarian work (Blake, 2017; Gritti, 2015; Roth, 2015b).

It is important to note that some humanitarian workers manage life amidst crises settings well and without developing symptoms of mental illness; some even seem to thrive in this type of work (McKay, 2011). Others, however, struggle: aside from physical issues, they may develop common mental health problems, such as posttraumatic stress disorder (PTSD), depression, anxiety, burnout or hazardous alcohol consumption. Indeed, research has confirmed that mental ill health poses an issue among humanitarian workers, and prevalence rates of common mental health problems among this occupational group are mostly similar to or higher than those of reference groups cited in the literature (e.g., Ager et al., 2012; Connorton et al., 2012; Eriksson et al., 2012; Eriksson et al., 2013; Lopes Cardozo et al., 2005; Strohmeier & Scholte, 2015). However, the gender dimensions of humanitarian work in general and humanitarian worker's mental health in particular have neither been sufficiently considered in this body of research, nor in the wider literature on humanitarianism (Strohmeier & Scholte, 2015).

If mental health problems manifest, they come with serious implications for the individual's personal and professional lives. For instance, consequences of PTSD on life course include significantly elevated risks for marital instability and unemployment (Brunello et al., 2001). 'Stressed out' employees have overall higher accident and illness rates, are absent from work and consult health services more frequently, and are less efficient and effective in carrying out their duties (Antares Foundation, 2012; Curling & Simmons, 2010). In addition, trauma can affect co-workers and entire teams, too: "When trauma impacts a member of staff, that same trauma runs through the veins of the organization" (Dunkley, 2018, p. 62). This situation requires a holistic response, particularly from humanitarian workers and the organizations they are employed with: humanitarian workers have the responsibility to practice self-care and learn stress management techniques to support their own health. Organizations have the obligation to prevent and address mental health issues among their staff, ensure their well-being, and sustain organizational effectiveness and efficiency (Antares Foundation, 2012; IASC, 2007).

The mental health of humanitarian workers has gained more and more attention in recent years. Humanitarian workers themselves have increasingly spoken out on problems related to mental health, and started voicing their urgent need for help – even though in many cases this is being done in anonymous ways. Examples are explicit posts in public forums such as the Facebook group "Fifty Shades of Aid" and articles in the "Secret Aid Worker" series published by The Guardian (e.g., "Secret aid worker", 2015b; "Secret aid worker", 2016b). The case of Megan Norbert, who was sexually assaulted by a fellow aid worker while on mission in South Sudan in 2015, fuelled debates among humanitarians on gender, especially regarding sexual violence and harassment within the sector ("Protection of humanitarian", 2017; Norbert, 2016; Wall, 2015). These were taken up by the recent #Aidtoo movement, a digital discourse about assault and sexual harassment in the aid industry (and a reaction to #MeToo: Midden & Deshmukh, 2017). The 2015 lawsuit against the Norwegian Refugee Council won by Steve Dennis, who sued the organization for gross negligence and failing in its duty of care after having been kidnapped in Dadaab refugee camp, gained huge media coverage and public attention. The verdict was the first of its kind and perceived as a "landmark ruling" with far reaching implications for the industry (Warnica, 2015). Particularly for humanitarian organizations, this outcome was expected to be a "wake-up" call ("NRC kidnap ruling", 2015). Indeed, organizations have taken note of the problem and increasingly understand staff stress and compromised mental health as issues that impact negatively on organizational functioning (IASC, 2007; Welton-Mitchell, 2013). Overall, however, organizational staff support is still widely seen to be insufficient and underfunded (Surya, Jaff, Stilwell, & Schubert, 2017; Welton-Mitchell, 2013).

1.2 Problem statement

1.2.1 The gap in data

As mentioned, the mental health of humanitarian workers has gained an increase in attention in recent years - a desirable development that signals commitment from relevant

stakeholders to prevent and manage the adverse effects of humanitarian work. However, one major barrier in this endeavour is the limited availability of quantitative and qualitative data. Albeit in its essence being about alleviating human suffering (Rieff, 2002), which by default includes those delivering aid, most research related to humanitarianism has focused on beneficiaries, rather than those delivering assistance (Gritti, 2018). Similarly, neither the literature on gender nor the literature on occupational health has put much of an emphasis on studying this occupational group. Thus, rigorous research on humanitarian workers, especially research with foci on mental health, gender, organizational staff support and the interrelation of these constructs, is up to this date scant (Fouchier & Kedia, 2018).

1.2.2 Arising consequences

The gap in data creates a situation in which organizations may (knowingly or unknowingly) violate their duty of care and obligations towards their workforce. This, in turn, affects the delivery of humanitarian aid in adverse ways (Antares Foundation, 2012; Curling & Simmons, 2010). Specifically, and in addition to moral and ethical concerns, the gap in data poses five interrelated problems of a practical kind.

First, while some humanitarian workers may be well aware of the effects their profession can have on their well-being, the majority of recruits, especially at the beginning of their career, have limited knowledge and understanding of this aspect of their choice (Bergman, 2003a; Cain, Postlewait, & Thomson, 2004). The gap in data on mental health, gender and organizational staff support complicates this situation: it is challenging for organizations to provide relevant information to their employees on the one hand, and for humanitarian workers to educate themselves thoroughly on the other. Furthermore, it is challenging for humanitarian workers to hold their organizations accountable for their duty of care.

Second, organizational staff support services aimed at preventing and managing mental health problems of humanitarian workers are not the priority of donors and, connected with that, neither the priority of organizations. As a consequence, and as men-

tioned before, staff support is overall still insufficient and underfunded (Surya et al., 2017; Welton-Mitchell, 2013). Raising awareness and lobbying for adequate funding for staff support is particularly challenging for organizations in the absence of rigorous data demonstrating the great necessity of these services.

Third, crisis settings differ greatly, yet staff support services are most effective when based on need and tailored to the specific cultural and geographical context in question (Antares Foundation, 2012), and the specific occupational sub-group (e.g., international/national staff, male/female staff). However, customizing staff support services is barely possible in the absence of data providing relevant information, such as the potentially distinct needs of men and women working in the sector (Gritti, 2015).

Fourth, insufficient data leave space for stigma associated with victimhood and feed fundamental fears, such as that of losing employment due to mental health problems (Welton-Mitchell, 2013), or that of being perceived as "weak" in the midst of an environment dominated by "cowboy culture" (Blake, 2017). This situation in itself can aggravate existing or trigger new mental health problems among humanitarian workers and fuel a downward spiral.

Fifth, good practices, positive experiences and useful coping mechanisms humanitarian workers may have acquired as part of their experience with life in and out crisis settings remain undocumented and risk being lost. However, such strategies may be of use to other humanitarians. They may also be valuable regarding the development of future research agendas, especially with a view to studies related to self-care.

1.3 Study rationale and objectives

Over the course of the last decade I have worked in various humanitarian crises settings on behalf of the United Nations (UN), development banks, and non-governmental organizations (NGOs). This included extended missions to South Sudan, where I spent time in the country's capital of Juba and various field locations. Throughout my time in and out crisis settings, particularly South Sudan, I was told in confidence or observed first hand

some of the multi-faceted perils of humanitarian work cited in the literature. These left many friends, colleagues, and fellow humanitarian workers struggling: for instance, one humanitarian worker started to experience excessive hair loss while working in the field, which caused her panic attacks and anxiety. She recuperated physically and mentally after her medical doctor back home identified malnutrition as root cause, which she developed due to an unbalanced diet and the prolonged lack of access to vegetables and fruit on site. A second example is the humiliation a humanitarian worker experienced when she reported to her colleagues what she perceived to be a traumatic event. She tried to get in touch with the organization's staff counsellor by email but never received a reply. As a consequence she chose to utilize privately funded online counselling options, looked for a new job and eventually left both the organization and the country. Further, two young female humanitarian workers refused to officially report a gang rape case due to shame and fear of negative contractual consequences. A final alarming example from these missions is the killing of two national staff, one security guard and one driver, employed by partner organizations in one and the same year.

It is these and similar observations and experiences which led me to develop a deep interest in humanitarian workers and the interplay of mental health, gender, and organizational staff support in this occupational group. However, searching and reviewing existing information and literature quickly revealed the limited availability of data on this topic – and the manifold ways in which this gap hampers change for the better. As a response to this situation, I chose to dedicate my doctoral research to humanitarian workers in South Sudan. In doing so, I aspired to provide new insights that contribute to the literature on humanitarianism, occupational health, and gender on the one hand, and have the potential to benefit humanitarian stakeholders directly on the other. Specifically, my study had three main objectives:

First, it sought to generate baseline data on the mental health of humanitarian workers in South Sudan. These data are much needed by humanitarian stakeholders to gain an improved understanding of the particular situation on site. They also constitute a precondition for identifying and implementing adequate response mechanisms. Further-

more, these data benefit academics and enrich the literature on humanitarianism and occupational health.

Second, this study aimed at investigating the role of gender in the context of humanitarian work in South Sudan in general, and humanitarian workers' mental health in particular. This deepened analysis of one particular construct facilitates a more detailed understanding of what life in South Sudan means to humanitarian workers, and how gender affects their perceived realities. This deepened analysis also facilitates the adjustment of staff support to the potentially distinct needs of male and female humanitarian workers. Furthermore, it paves the way for a more nuanced academic discourse on gender in the context of crisis settings. These data thus contribute to the literature on humanitarianism, occupational health, and gender.

Third, this study sought to make a practical contribution through discussing implications of mental health problems and gender discrimination within the workforce for humanitarian stakeholders in South Sudan. This thinking provides guidance for humanitarian workers and humanitarian organizations on a good way forward, particularly with regards to tailored staff support programmes. This proceeding also benefits the literature on humanitarianism, occupational health, and gender.

1.4 Thesis overview

In the following second chapter of this thesis, I present the current literature on humanitarian workers globally, including work on national and international staff. This encompasses information on the core idea of humanitarianism and the present-day humanitarian system. The chapter also presents insights into the everyday lives of humanitarian workers, including motivations to engage in humanitarian work, and gratifications and stressors associated with the profession. The specific literature on the mental health of humanitarian workers is also reviewed. This includes studies on prevalence and predictors of mental health problems, and information on humanitarian workers' coping behaviour. Subsequently, I review the literature on gender in the context of humanitarian work, fol-

lowed by a review of the literature on organizational staff support. The chapter closes with an overview of gaps in the current literature.

Chapter 3 focuses on this study's research questions, the chosen study design, and the theoretical framework. Accordingly, it begins with an introduction of the research questions. I then present the chosen study design, mixed methods research (MMR). Specifically, this section covers the definition of MMR, the benefits of MMR designs, and my reasons for choosing MMR as this study's design (I present detailed descriptions of the specific quantitative and qualitative methods I used in the three empirical chapters of this thesis, i.e., Chapter 5, Chapter 6, and Chapter 7). The third chapter then proceeds with a presentation of the theoretical framework, Job Demands-Resource (JDR) theory. I close this chapter with an introduction of the specific definitions I applied in this study.

The fourth chapter concentrates on the study setting South Sudan. First, I describe the country's way to independence. The subsequent country profile provides geo-political information of South Sudan and demographic data on its population. I then present specific data on the on-going humanitarian crisis. This is followed by the provision of available information on the situation of humanitarian workers based in South Sudan.

Chapter 5, Chapter 6, and Chapter 7 are the core of this study: they present the three original research phases undertaken. The fifth chapter addresses the generation of baseline data on humanitarian workers' mental health, while the sixth chapter focuses on the lived experiences of international humanitarian workers, particularly with respect to gender. The seventh chapter evaluates organizational staff support provided by NGOs in South Sudan. In all three chapters, I introduce the methods used, present the research results, discuss the findings, and end with the limitations of each research phase.

The eighth chapter constitutes the final chapter of this thesis. It derives distinct conclusions from each research phase, and integrates the findings. The chapter then crystallizes the implications of this study's findings for theory and future research, followed by implications for practice and workable recommendations for humanitarian stakeholders, especially with regards to organizational staff support in South Sudan. In this last chapter I also pinpoint the contributions of this study. I close Chapter 8 and this thesis

with personal reflections on the research process as a whole and lessons that I learned throughout this time.

2 Current literature on humanitarian workers globally

This chapter reviews the current literature on humanitarian workers globally, including work on national and international staff. It begins with a section on humanitarianism, which comprises historical information and latest data related to the present-day humanitarian system (section 2.1). Subsequently, I introduce literature that provides insights into the everyday lives of humanitarian workers (section 2.2). This captures both, autobiographic writings from humanitarian workers and research results. The focus of this section lies on the framing of humanitarian workers' identities as well as the gratifications, stressors, and paradoxes of their work. I then proceed to the literature that specifically examines the mental health of humanitarian workers, including prevalence and predictors of mental health problems in this occupational group, and humanitarian workers' strategies to cope with adverse situations (section 2.3). Subsequently, I review the literature on gender and humanitarian workers (section 2.4), followed by a section on organizational staff support (section 2.5). This chapter closes with an outline of the gaps in the literature with regards to the three foci of this thesis: mental health, gender, and organizational staff support (section 2.6).

2.1 Humanitarianism: core idea and present-day system

At its core, the humanitarian idea is based on "the recognition of the fundamental dignity and value of an essential humanity common to all people" (Slim, 2000, p. 8). The humanitarian idea is also understood as a particular form of compassion, which was in its origins associated with three distinct features: "assistance beyond borders, a belief that such transnational action was in some way related to the transcendent, and the growing organization and governance of activities designed to protect and improve humanity" (Barnett, 2011, p. 11). While these roots of the humanitarian gesture, in essence about alleviating others' suffering (Rieff, 2002), go back centuries, the humanitarian system how we know it today is a rather new invention. This system has its starting point in the late 19th century and derived from the Western, especially the European experience of man-made and nat-

ural disasters. Over time, the response to these disasters evolved into a worldwide, connected system that facilitates addressing acute and protracted crises through the delivery of services by a wide range of actors. These include governments, international organizations, NGOs, and the International Committee of the Red Cross (ICRC) (Davey, Borton, & Foley, 2013). Today, humanitarianism is one of the most essential phenomena globally: marked by "profound uncertainty, by a constant need to respond to the unpredictable, and by concepts and practices that often defy simple or straightforward explanation" (Allen, Macdonald, & Radice, 2018, p. iii), humanitarianism is featured in the media, of importance to celebrities, and at the core of major organizations, including the UN and large NGOs such as Doctors Without Borders (MSF) (Allen et al., 2018; Malkki, 2015).

This significant level of attention to humanitarianism is not without reason: the need for humanitarian assistance, including services such as food, protection, and water, sanitation and hygiene (WASH), are at an unprecedented level. They are particularly driven by the protracted crises in Syria, Yemen and South Sudan. In 2017, 201 million people were in need of humanitarian assistance globally – the largest estimate in the sector's history. A total of $27.3 billion were invested in humanitarian assistance in that same year. Humanitarian workers across the globe are tasked to address these needs and support the delivery of the required assistance through a variety of diverse job functions, such as logistics, project management, and translation. While some of these humanitarian workers are stationed in their organizations' headquarter in developed countries, the majority of humanitarian workers are based in field duty stations. In 2017, 79,000 staff were working in the field for the UN, 331,000 for NGOs, and 159,700 for the Red Cross/Red Crescent Movement, making a global total of 596,700 employed humanitarian workers (ALNAP, 2018).

Despite these data on humanitarian workers, there is no international law or standard handbook that specifies who exactly falls under this profession and who does not; a universal definition of the term "humanitarian worker" does not exist (Connorton et al., 2012). Typical alternative terminologies used in the literature on humanitarianism include "aid workers" (e.g., Eriksson et al., 2013; Gritti, 2015; Humanitarian Outcomes, n.d.; Malkki, 2015), "people working in aid" (Roth, 2015b), and "relief workers" (e.g.,

Connorton et al., 2012; Wang, Yip, & Chan, 2013b). These terms are oftentimes used in equally unspecific ways, capturing a variety of employees: Gritti (2018) for instance includes development and humanitarian workers in her research on aid workers. Roth (2015b) focuses on development and humanitarian workers, too, but labels her research subjects "people working in aid". Like Gritti (2018), Humanitarian Outcomes, a well-known team of consultants providing services to donor governments and humanitarian aid agencies, refers to aid workers. However, these consultants define this occupational group more narrowly as "the employees and associated personnel of not-for-profit aid agencies (both national and international) that provide material and technical assistance in humanitarian relief contexts" (Humanitarian Outcomes, n.d.).

A commonly made distinction within the humanitarian sector that is less ambiguous and of great relevance is that between national and international staff. National staff are usually understood as employees delivering services within their home country, while international staff are recruited from abroad and thus deliver services outside their home country. This distinction comes with a series of other disparities, including contract modalities (e.g., access to security support), the nature of work undertaken (e.g., deployment in high-risk contexts), and the level of dependency on jobs in the sector to sustain livelihoods (Stoddard, Harmer, & Haver, 2011). In practice, and with respect to UN entities and international NGOs (INGOs), national staff usually hold lower positions in the organizational hierarchy than international staff, and are less accounted for in security-related matters. Most international staff are well educated, have oftentimes significant work experience, and are usually placed higher within their organization in terms of decision-making, leadership, and access to services and resources, such as security trainings, evacuation and health insurance (Harvard Humanitarian Initiative, n.d.; Roth, 2015b). However, and albeit largely neglected in the literature, national and international staff also have commonalities in their experience. Among others, the motives of both groups have been shown to reflect a complex combination of sense of challenge, humanitarian conviction, and personal interest, such as career advancement (Slim, 2015). Furthermore, both national and international staff reported issues of family adjustment and separation (Pantuliano, 2015). In addition, humanitarian operations heavily depend on the deploy-

ment of both national and international staff. Nevertheless, the hiring of national staff has gone up in recent years, while the hiring of international staff has remained largely the same (ALNAP, 2018). Currently, the vast majority (approx. 90%) of humanitarians across the globe are national staff (Harvard Humanitarian Initiative, n.d.).

2.2 Everyday lives

2.2.1 Who does humanitarian work?

As mentioned, a universal definition of humanitarian workers does not exist (Connorton et al., 2012). This, in combination with individuals' diverse backgrounds, motivations and goals makes framing who humanitarian workers are a challenging task (Bortolotti, 2004; Gritti, 2014). Nevertheless, it is possible to gain some insights into the identities of humanitarian workers. Contrasting perceptions – perceptions of others and perceptions of the self – is one approach towards this end.

Given the sector's distinct characteristics, humanitarian workers oftentimes live a life of extremes. In the typical popular view, humanitarian workers are people who are powerful and feel compassion (Malkki, 2015). Especially in the Global North, the representation and therewith perception of humanitarian workers commonly go hand in hand with altruistic motivations, heroic traits, and international engagement; the contributions from national humanitarian workers, and humanitarian workers based in headquarters are hardly considered in public portraits (Alexander, 2013; Bortolotti, 2004; Kleinman, 2006; Malkki, 2015). Houldey (2017) summarizes this situation as follows: "The common idea of the aid worker is of a selfless soul who travels far from home to an unfamiliar and challenging environment, giving up a more privileged existence in their own country."

Indeed, there is an abundance of examples confirming – and fuelling – this persisting notion of the profession, including external sources and sources within the sector: Senior lecturer Ted Murphy states on Northeastern University's website that "(m)ore than anything, you become a humanitarian because giving and being part of something larger than yourself is meaningful, particularly when it is explicitly designed to help the weak and vulnerable" (2017, p. 7). At the top of the list of skills required by humanitarian

workers as identified by TargetJobs – the leading website for the recruitment of graduate students in the United Kingdom – stands "enthusiasm" (the top skill required by hospital doctors as listed on that same website is "the ability to work long hours, often under pressure") (TargetJobs, n.d.). UNICEF Australia explains on one of its websites "what it takes to be one of UNICEF's humanitarian heroes", and provides examples such as those of Ahmed, one of many vaccinators who "cross battlelines, walk through valleys and climb mountains to make sure children can grow up safe and healthy" (Suriyaarachchi, 2017, p. 7). Unsurprisingly, typical comments international humanitarian workers hear from family and friends back home include "You are like a young Mother Teresa" (Alexander, 2013, p. 9), "You're going to be nominated for sainthood", and "Oh, you work for MSF, that's so noble" (Bortolotti, 2004, pp. 69, 80).

Certainly, some humanitarian workers are deeply concerned about the lives of others and their primary motivation is to make a positive difference; it is largely these humanitarian workers for whom it is difficult to watch people suffering and stand by idly (Bergman, 2003a). One well-known vignette reflecting this dedication to the root idea of humanitarianism poignantly is that of international humanitarian worker Idi Bosquet-Remarque as told by Kleinman (2006): Idi, Kleinman wrote, "had a nearly lifelong commitment to working with people in poverty and extreme conditions. (…) She had made an irrevocable commitment to live among the poorest Africans as a friend and fellow member of the community, and to do all she could to help them" (Kleinman, 2006, pp. 52, 65). Similar life stories reflecting such devotion include those of Christine Darcas (2003) and James Orbinski (2008). However, humanitarian workers like these usually reject the heroic notion of their job (e.g., Alexander, 2013; Bortolotti, 2004; Kleinman, 2006). Many of them question the system and its contribution, and feel uncomfortable when called a hero or being otherwise glorified on the basis of their professional choice (Kleinman, 2006; Roth, 2015b). As Bortolotti, who wrote about his experience working for MSF, put it: "Seriously, you have no idea. It's not noble; it's an *attempt*" (Bortolotti, 2004, p. 80).

Not surprisingly, the sector is also home to humanitarian workers whose motivations are less related to alleviating the suffering of others and more to their own good, or

a combination of these seemingly contradicting reasons (Malkki, 2015). Bergman (2003b), who edited pieces of autobiographic work from international humanitarian workers and compiled them into a well-known book, confirmed this in the respective Preface: "They are in for themselves, for their own gratification, most say" (Bergman, 2003a, pp. 14-15). While motivations may change over time (Malkki, 2015), typical driving forces for many humanitarian workers include experiencing new cultures and working in remote places off the tourist trail; escaping certain life events or conditions back home; fulfilling one's own neediness, including through adding meaning to one's life; cravings for adrenaline, emotional highs, and "feeling alive"; power and comparably high levels of responsibility; being part of something larger than themselves; learning new skills; and financial remuneration (Bergman, 2003a; Bortolotti, 2004; Cain et al., 2004; Kleinman, 2006; Malkki, 2015; Oberholster, Clarke, Bendixen, & Dastoor, 2013; Roth, 2015a, 2015b). Indeed, it is not uncommon for international humanitarian workers to complain – even though humorously – about the stresses of a "normal" life (Bergman, 2003a).

Some of the literature reflected in greater detail on the above-mentioned desire for thrill and power and abuses of power. Oftentimes, these reflections are coloured by negative judgment and accompanied by reflections on neo-colonialism. Although referring to a situation decades ago, excerpts from an interview with Michael Maren, a former aid worker and author of The Road to Hell (Maren, 1997b), are repeatedly cited as example in this context (e.g., Bortolotti, 2004; Khor, 2009):

"There are some really good people out there doing aid work, but I have to say (…) that without doubt, some of the most sanctimonious assholes I have ever met in my life, some of the worst people, and I mean really bad people, work for charities and aid organizations on the ground. (…) They have strong desires to be in places like that; they have a sense of adventure. But there's no specific skills that are really necessary. You walk in there and you have life-and-death power over people's lives. And all of a sudden you have a twenty-two-year-old aid worker telling twelve thousand refugees to get over here, to get in line. It gives you a real sense of power" (Maren, 1997a).

Roth (2015a) took up humanitarian workers' craving for thrill, too, and equated humanitarian workers with "edgeworkers". Edgeworkers, so the definition, "do not avoid

risk, rather they are drawn into these activities by the seductive power of the experience" (Roth, 2015a, p. 140). Similarly, Bergman (2003a) highlighted that international humanitarian workers have a different understanding of home and security than most people. However, with regards to how this came about and how humanitarian workers ended up in their first duty station, she pointed out that these choices were oftentimes born out of naiveté and nescience regarding what to expect, and the challenges and controversies attached to this profession (Bergman, 2003a). Other literature written by humanitarian workers themselves confirmed this (Cain et al., 2004).

The literature investigating the lives of national humanitarian workers is less abundant. Omidian and Panter-Brick (2015) found that albeit considering their jobs distressing and frustrating, national staff working in the Afghan-Pakistan Border areas continued working in the sector based on an interplay of moral grounds and economic necessity. These national humanitarian workers also mentioned a lack of alternative employment options and comparatively high salaries as incentives to engage with the sector. Further studies confirmed the lack of options for national staff to gain an income in crisis settings: humanitarian organizations are oftentimes the largest employer in town (UNHCR, 2013), pay the highest salaries, and offer some form of benefits and protection. At the same time though, other research, such as that of Wang, Chan, Shi, and Wang (2013a), found that locals who engaged in relief work developed optimism and new meaning and purpose in life through their job as humanitarian workers.

Additional insights related to the identities of humanitarian workers can be gained by examining the relationship between national and international staff as Roth (2015b) did. Clearly, this relationship is complex and dependent on a variety of factors, such as staff's origin, class background, the type of organization, and position within the respective organization. Overall, however, Roth (2015b) found that while respondents asserted the relationships were good, both national and international staff mentioned numerous problems and tensions. Among others, national staff were frustrated about international staff who did not pass on knowledge, but chose to go from one posting to the next to advance their own career. International staff, on the other hand, felt uneasy about managing national staff. This was particularly the case in situations where national staff had not

only a better understanding of the local context, but were also better qualified (e.g., through having studied abroad), yet held lower positions and were paid less (Roth, 2015b). In their research on the co-construction of humanitarianism based on accounts from international MSF staff, Ager and Iacovou (2014) noted tensions between international and national humanitarian workers, too: reflecting on their relationships with national staff was very common, and so was their appreciation of national staff's skills. However, international staff's accounts also showed that there are clear differences, if not conflicts, between their "western viewpoint", principally equated with efficiency, and national staff's local manners, principally equated with a more relaxed proceeding. Other research covering the relations of national and international humanitarian workers, such as that from Wagner (2015), also found the relations between the two occupational subgroups marked by uncomfortable power dynamics, misunderstandings, and a lack of coordination.

2.2.2 Gratifications and stressors of humanitarian work

2.2.2.1 Gratifications of humanitarian work

Specific research on the gratifications of humanitarian work is scarce, especially with regards to national staff. However, some studies touched upon this subject en passant, and numerous accounts shared by humanitarian workers include respective information.

For a large part, the gratifications of the job mentioned in the literature mirror the fulfilment of humanitarian workers' original motivations to engage with the sector as introduced in the previous section. Especially "providing support" and "contributing positively to the lives of beneficiaries" are among the rewards of the job most frequently cited by national and international humanitarian workers, and likewise key reasons for many to stay in the sector (e.g., Ager & Iacovou, 2014; Alexander, 2013; Bortolotti, 2004; Darcas, 2003; Orbinski, 2008; Roth, 2015b; Wang et al., 2013a). As Malkki (2015) noted in this context, helping and giving do not have to be a form of selflessness. These traits of the humanitarian profession can be a type of entertainment and pleasurable activity.

Notably, the profession also bears rewards that most humanitarian workers did not expect when they started off. Intense friendships with diverse people that grew in no time are an important, unanticipated reward humanitarian workers mentioned frequently (e.g., Blaque-Belair, 2003; Bortolotti, 2004; Cain et al., 2004; Kleinman, 2006). With regards to friendships among international staff, one humanitarian worker described this situation typical for crisis settings as follows:

"We were three people who might not have been friends in another situation – we have nothing in common, and they are both a lot younger than me. They were twenty-eight, and I was thirty-nine. When you are living in very close proximity, and you are stressed, and you are working too hard, and security is bad, there can be spats and difficult times. But then you break loose, and you go and dance your little heart out until two a.m." (Bortolotti, 2004, pp. 84-85).

Similarly, committed romantic relationships that emerge from working together in crisis zones are characterized by strong bonds: sharing extreme experiences creates connection and facilitates deep knowledge of the other person's behaviour and reaction in both, the good and the bad times; it facilitates seeing people's raw character (Bortolotti, 2004; Cain et al., 2004). These deep connections, the conviviality and solidarity experienced abroad are also those components of life in crisis many international humanitarian workers miss most once they leave their duty station and return home. There, they oftentimes feel deprived of connectedness and struggle with feeling lonely, leaving some annoyed by their own neediness (Malkki, 2015).

Related examples of these unanticipated rewards include certain cultural norms and practices humanitarian workers are exposed to during their missions. Malkki (2015) documented an example from a Finish Red Cross worker based in Afghanistan that demonstrates this situation representatively:

"What you never get in Finland, what I think is relaxing—is that people touch each other. It had nothing to do with sexuality; but that someone could take you by the shoulders or . . . In Kabul in '92 when the war was really terrible and we weren't able to sleep well—but that people would touch [you] and ask, 'How's it going today?' . . . And then when you come to Finland—it's pretty terrible" (Malkki, 2015, p. 47).

2.2.2.2 Stressors of humanitarian work: findings from quantitative research

Given the nature of the job, humanitarian work is typically accompanied by manifold stressors. These may adversely affect humanitarian workers' well-being in general and their mental health in particular. Accordingly, research has paid more attention to stressors than to gratifications of humanitarian work, and we know more about this component of the job.

Depending on the country and certain strata, such as being deployed in headquarters or the field, being national or international staff, male or female, humanitarian workers' exposure to stressors varies (Curling & Simmons, 2010). Among the most obvious and severe stressors, especially for those in field duty stations, are direct attacks, such as killings and kidnappings. Humanitarian workers oftentimes perceive these direct attacks as traumatic events. They steadily increased over time and peaked with a total number of 475 victims in 2013 (Stoddard, Harmer, & Czwarno, 2017). The number of attacks continued to remain high in recent years: according to latest data, 313 aid workers in 22 countries were victims of major attacks in 2017. Out of these, 139 were killed – the second largest number in recent history – 102 wounded, and 72 kidnapped. In line with previous years, the vast majority of these victims were national staff. Regarding geographic locations, most attacks in 2017 occurred in South Sudan. Syria and Afghanistan ranked second and third dangerous countries for aid workers, respectively (Humanitarian Outcomes, 2018).

In addition to these direct attacks, humanitarian workers are exposed to daily stressors. Some humanitarian organizations assess exposure to such stressors as part of their all staff surveys. The data produced by the United Nations Children's Fund (UNICEF) (2009) and the United Nations High Commissioner for Refugees (UNHCR) (2013) are the most prominent publicly accessible examples: based on a predefined list provided to staff, the top five stressors for humanitarians working for UNHCR were workload, status of contract, feeling undervalued, family concerns, and inability to contribute to decisions (Welton-Mitchell, 2013). The results from UNICEF's survey were very similar: in this organization, the top five stressors were workload/inability to achieve work goals, feeling undervalued/not able to contribute to decisions, status of contract,

political/economic and/or social situation in country, and relationship with supervisor (UNICEF, 2009). UNHCR did not present results on stressors in gender-disaggregated format. Curling and Simmons (2010), however, who published an article about the results of UNICEF's staff survey, presented some gender differences: out of a total of 3668 respondents (43% male, 57% female), the share of female respondents (62%) who reported high stress levels was greater than the share of male respondents (38%). They explained this difference with the diverse impact the security situation in emergency duty stations had on women and men, the women's challenge to combine work and family life in Headquarter duty stations, and the greater ease women may have felt in reporting stress given prevailing gender stereotypes. Regarding stressors in emergency duty stations, women and men reported very similar levels of stress caused by workload and working hours. However, more women than men considered the political, economic and/or social situation in the country as highly stressful.

Some of the quantitative studies on the mental health of humanitarian workers assessed the exposure to stressors, too, again mainly through predefined lists. Regarding national staff, the top three stressors reported by humanitarians working in Gulu, Uganda, were "Economic/financial problems", "Workload too high", and "Unequal treatment of expatriate and national staff" (Ager et al., 2012). Local staff in the Vanni region found "Personal economic/financial problems", "Workload too high", and "Being asked to perform duties outside of professional training" as most stressful (Lopes Cardozo et al., 2013). For local staff employed in Jordan, the most common chronic stressors were "Economical and financial problems", and an "Excessive work- load expected by the organization" (Eriksson et al., 2013). These results are similar and thus point towards a clear trend across countries.

While there is overall more literature on international than national humanitarian workers, studies focusing on the mental health of international humanitarian workers rarely reported outcomes on the ranking of specific stressors. One study by Eriksson et al. (2012) on expatriate aid workers presented trauma events experienced. According to this research, 82 per cent of the study participants had experienced at least one adult trauma, whereby the most frequent adult trauma was "being a witness to an event where someone

was threatened with serious injury or death". Similarly, research on expatriate staff working in Kosovo identified the traumatic events "Situation that was very frightening", "Hostility of local population", and "Verbal or physical threats against your life", as those most frequently experienced (Lopes Cardozo et al., 2005).

Young, Pakenham, and Norwood (2018) studied stressors reported by a diverse group: their sample included national and international staff working in the humanitarian and development sectors. As part of this study, participants cited most frequently stressors related to work. Aside from workload, many of these stressors concerned participants' own teams, and relations and expectations within these teams.

2.2.2.3 Stressors of humanitarian work: findings from qualitative research

In addition to the quantitative studies, some of the qualitative work related to humanitarianism provides - implicitly and explicitly - insights into the stressors experienced by humanitarian workers. Particularly insightful in this context is the recent work of Roth (2015b). Roth (2015b) did not focus on researching stressors as such, but presented "challenges" that emerged throughout her interviews with aid workers across the globe over the course of one decade. Similarly to the results from quantitative studies introduced earlier, these included challenges related to work, such as security incidences, high staff turnover, limited resources, challenging work relationships, limited coordination, and competition between organizations. However, Roth's (2015b) research captured additional components that quantitative work vastly neglected. For instance, aid workers perceived the at times limited preparation for their assignment, and the tension between wanting to achieve much and restricted impact due to the constraints of the complex environment and bureaucratic procedures as stressful. They also reported stressors related to their private life, such as difficulties with housemates at the duty station. Furthermore, while living abroad was a desirable component of the job for many, difficulties with reconnecting with family and friends back home was perceived as a source of stress. Humanitarian workers oftentimes felt they lived "two different lives which do not have anything in common" (Roth, 2015b, p. 108). This lack of understanding of what life in crisis means by those back home restricted humanitarian workers to talking about their experi-

ences with friends and colleagues within the sector only. Indeed, the notion of living in a bubble is repeatedly cited in the literature on aid work (Allen, 2015; Roth, 2015b).

Malkki (2015), who studied Finnish Red Cross workers, also concluded that moderate success at the job was a source of stress for many. However, digging even deeper in her analysis than Roth (2015b), she found that many of her interviewees experienced feelings of regret and guilt, and felt bad about themselves. These feelings arose from a series of questions, including about their own true motives for doing this kind of job, the true meaning of "caring" or "helping" in crisis zones, and whether they were doing "enough". The situation Malkki (2015) described mirrors Allen's reflection on the occupational group in question: "Humanitarians often find themselves not just engaged in the pursuit of effective action, but also in a quest for meaning" (Allen et al., 2018, p. iii).

Gritti (2015) is the only researcher that specifically explored stressors through a gender lens. She found that female aid workers are confronted with four factors of stress. These are situational factors (e.g., insecurity in the duty station, especially gender-based violence); job-related factors (e.g., challenging relations with national male staff); organizational factors (e.g., hidden chauvinism); and personal risk factors (e.g., navigating work and private life). These stress factors, Gritti (2015) concluded, were further influenced by personal identity factors, such as age and race.

Relevant insights into the stressors attached to humanitarian work can also be gained through autobiographies written by humanitarians themselves. Recurring stress-related themes in Bergman's (2003b) anthology are high workload and severe disease experienced by humanitarian workers: "Our schedule was quite progressive for a UN agency: three and a half days on, followed by two and a half days off. In practice, the schedule was rigorous, though, since each day's working hours generally ran from 5am to 10pm or later", wrote MacKay Wolff (2003, p. 234) about her experience in the occupied territories. Patrick Dillon (2003, p. 100) reported he was declared "a human disaster area" by "some Concern higher-ups", due to being "forty pounds underweight, shitting water, and covered in parasitic skin lesions from one end (…) to the other". Christine Darcas (2003) reported about her suffering from hepatitis during her stint in Chad.

Other notable works from humanitarian workers that reflected on stressors include those from Alexander (2013), Bortolotti (2004), and Cain et al. (2004). Albeit focusing on different crisis zones at different points in time, recurring themes of stress emerged from these autobiographies. These include feeling overwhelmed by high levels of responsibility, witnessing immense and enduring useless human suffering, and the feeling of powerlessness alongside the realization of one's own limited impact.

2.2.2.4 Categorization of stressors

Humanitarian organizations such as UNHCR and UNICEF, as well as quantitative studies on the mental health of humanitarian workers used largely pre-defined lists reflecting individual items of stressors. However, they rarely categorized stressors. Prominent attempts in the literature to systematize the stressors associated with humanitarian work include those from Miller and Rasmussen (2010) and Blanchetière (2006). Miller and Rasmussen (2010) did not study humanitarian workers directly, but focused on war-affected populations. They built on existing trauma-focused and psycho-social approaches, and distinguished daily stress, such as poverty, malnutrition and displacement, from traumatic events, such as death of a loved one, physical assault, or destruction of one's home. The rationale behind this distinction of daily stress from traumatic events was that daily stress mediates between previous trauma and mental health outcomes, which has implications on the suitability and efficacy of psychosocial intervention approaches.

Blanchetière (2006) developed another system, which is more nuanced than that from Miller and Rasmussen (2010). It is based on the sphere in which stressors occur, rather than their potential mental health impacts. The first category of stressors comprises situational factors, such as insecurity, surrounding poverty and violence, and health risks. These stressors are specific to humanitarian workers' duty stations. The second category refers to job related factors, such as heavy workload, job insecurity, and tense relationships within the team. These stressors are specific to the profession. The third set of stressors, organizational and management factors, are partly specific to the humanitarian sector, but can also occur in other professions. Examples are bureaucracy and decision-making processes, as well as human resource issues on preparation and follow-up.

Blanchetière (2006) then established a fourth category of stressors, namely personal risk factors. These include factors such as psychological history and unrealistic expectations and motivations. This systematization of stressors accommodates by and large the stressors that emerged through quantitative and qualitative research.

As mentioned before, Young et al. (2018) studied stressors reported by aid workers. In doing so, they established four categories of stressors: "work stressors", "psychological and existential stressors", "lifestyle and location stressors", and "social connection stressors". In contrast to both, Miller and Rasmussen (2010) and (Blanchetière, 2006), Young et al. (2018) established these categories based on thematic similarities across their study participants' answers. Thus, their categorization of stressors is less of an attempt to develop a universal categorization of stressors, but rather specific to their sample.

2.2.3 Paradoxes of humanitarian work

The previous sections showed that the humanitarian sector is rich in paradoxes. With regards to humanitarian workers' jobs, the perhaps most notable paradox manifests in the tension between the public perception of humanitarian workers on the one hand, and their self-perception and motivation for joining the sector on the other. Roth (2015b) pointed out further paradoxes, all of which the previously cited literature confirmed: for international humanitarian workers, the job can provide an escape from "normal" life. However, living and working in crisis zones is still very structured and immensely constrained. Further, especially international humanitarian workers oftentimes consider the effects of the job on their private lives at least as stressful or even more stressful than the actual delivery of humanitarian aid, and experiences directly connected therewith. In addition, and although international humanitarian workers oftentimes have a strong interest in foreign cultures, it is the local surrounding and population they frequently cite as a major source of stress. Accordingly, their social life on site is mostly centred on interactions with other internationals. Roth (2015b) identified the manifold inequalities within humanitarian organizations, particularly those between national and international humanitarian workers, and the unequal power relations between richer and poorer countries due to the current

set-up of the humanitarian sector, as paradoxes, too. Allen (2015) raised similar points in his writing "Life beyond the bubbles: Cognitive dissonance and humanitarian impunity in Northern Uganda".

2.3 Mental health

2.3.1 Prevalence of mental health problems

While the topic of mental health of humanitarian workers started to gain attention in the 1990s, the initial literature documenting this occupational groups' heightened vulnerability to mental illness largely emerged in the 2000s. This literature was mainly qualitative in kind and dominated by autobiographies and case studies about international humanitarian workers (e.g., Bergman, 2003b; Bortolotti, 2004; Cain et al., 2004; Kleinman, 2006; Orbinski, 2008; Vaux, 2001). Kleinman (2006) for instance wrote about the enormous emotional toll of the profession in the context of humanitarian worker Idi Bosquet-Remarque. He noted, "(t)he twenty-two months in West and Central African war zones had taken an enormous toll" (Kleinman, 2006, p. 66) on Idi; "there was a woman who had seen too much and been asked to do too much" (Kleinman, 2006, p. 67). While Kleinman, a psychiatrist, refrained from providing a clinical diagnosis, he described in detail Idi's internal struggles related to her job, the deep frustration she felt on the one hand, and her fear of becoming numb and demoralized on the other, all accompanied by the challenging decision whether to leave her duty station or stay. Even though to a lesser number, similar documentations exist for national staff: Bilal, Rana, Rahim, and Ali (2007) for instance presented a single case report about the experiences of a Pakistani medical doctor deployed in earthquake struck areas in the country's North. After having been deployed for a few weeks, he was diagnosed with secondary trauma.

Studies quantifying the actual prevalence of common mental health problems among humanitarian workers started to rise over the course of the last decade (e.g., Ager et al., 2012; Eriksson et al., 2012; Eriksson et al., 2009; Eriksson et al., 2013; Lopes Cardozo, Gotway-Crawford, et al., 2012; Lopes Cardozo et al., 2013; Wang et al., 2013a; Wang et al., 2013b). In their frequently cited publication, Connorton et al. (2012) re-

viewed available studies on humanitarian relief work and trauma-related mental illness. This included 12 articles on relief workers and depression, anxiety, PTSD, alcohol or substance use disorders and/or suicidal behaviour. Six of these articles focused on international staff, three on national staff, and three compared international and national staff. Most articles were restricted to certain areas within crisis countries, specific organizations or organization types, or specific nationalities of the study population. Further, the majority of articles focused on PTSD. Connorton et al. (2012) concluded that relief workers experienced higher levels of trauma, and that rates of mental illness in this occupational group were greater than those of reference groups cited in the respective studies. Together with Scholte, I published another literature review on the mental health of humanitarian workers, with a specific focus on depression, anxiety, PTSD, substance use disorder or suicidal behaviour among national staff (Strohmeier & Scholte, 2015). Similarly to the findings of Connorton et al. (2012), we concluded that national staff experienced mental health problems, and that the prevalence of PTSD, depression, and anxiety among this occupational group was mostly similar to or higher than the prevalence of these mental illnesses established for reference groups. Our findings are further supported by the latest topic-related research undertaken by Fouchier and Kedia (2018), who studied trauma-related mental health problems among Central African Republic national staff.

2.3.2 Predictors of mental health problems

The quantitative studies that established prevalence rates of mental health problems among humanitarian workers commonly also assessed predictors thereof. These studies confirmed the positive association between chronic stress and traumatic event exposure and common mental health problems among humanitarian workers (e.g., Ager et al., 2012; Eriksson, Kemp, Richard Gorsuch, Hoke, & Foy, 2001; Eriksson et al., 2013; Lopes Cardozo et al., 2013; Musa & Hamid, 2008). Similarly, these studies identified social support and team cohesion as important resilience factors within this occupational group (e.g., Ager et al., 2012; Eriksson et al., 2013; Lopes Cardozo et al., 2005; Lopes Cardozo et al., 2013).

Results regarding other predictors are more ambiguous. Several studies analysed the effect of organizational support (e.g., the provision of items and benefits, such as medical insurance, and the provision of briefings and trainings, for instance on stress management), and organizational work experience (e.g., encouragement to take vacations). Lopes Cardozo et al. (2005) found that organizational support was not associated with mental health outcomes among national staff, but had a protective effect on international staff. Lopes Cardozo et al. (2013) found that national staff who received low or medium organizational support were more likely to experience depression symptoms than those receiving high levels of support. Surprisingly, however, staff satisfied with their organizational work experience experienced higher risk of mental ill-health. The study from Lopes Cardozo, Gotway-Crawford, et al. (2012) on international staff confirmed the latter finding. In contrast, neither the provision of staff support, nor organizational work experience was significantly associated with the mental health of national staff in the research undertaken by Ager et al. (Ager et al., 2012).

Some studies examined coping strategies, again with diverging results: Eriksson et al. (2012) found avoidance coping to be positively associated with depression, anxiety, and PTSD in their study on pre-deployment mental health and trauma exposure of expatriate humanitarian workers. The results from Lopes Cardozo et al. (2013) did not support the theory that avoidant coping presents a risk factor for PTSD among national staff.

Few studies analysed the potential effects of healthy lifestyle habits (e.g., healthy eating, caffeeine intake, exercising) on humanitarian workers' mental health (Eriksson et al., 2012; Lopes Cardozo, Gotway-Crawford, et al., 2012). While neither of these studies found a significant association between this predictor and mental health outcomes, the wider literature on humanitarian workers unanimously emphasizes the importance of healthy lifestyle habits when working in crisis settings (e.g., Antares Foundation, 2012; Surya et al., 2017).

Another construct that has gained recent attention in relation to coping is spiritual transcendence (e.g., Eriksson et al., 2014; Schafer, 2010). However, quantitative research on its relation with the mental health of humanitarian workers has not yet been undertaken.

2.3.3 Coping strategies

In psychology, coping is commonly understood as a person's effort to diminish a situation perceived as stressful. Given that individuals respond to such situations differently, coping is a very broad and complex concept. Thus, numerous categorizations of coping styles and strategies as well as standardized tools to measure these exist. Typical ways to categorize coping styles include adaptive versus maladaptive coping, problem-focused versus emotion-focused coping, and engagement versus disengagement coping. Within these groupings, further distinctions can be made (Carver & Connor-Smith, 2010).

The importance of coping in the context of mental health in general and stress management in work contexts in particular is well established (e.g., Holton, Barry, & Chaney, 2016). Despite this and the long list of stressors humanitarian workers face, only two studies examined the relation between coping and humanitarian workers' mental health. As cited before, Eriksson et al., (2012) found avoidance coping to be positively associated with depression, anxiety, and PTSD in their study on pre-deployment mental health and trauma exposure of expatriate humanitarian workers. However, the results from Lopes Cardozo et al. (2012) did not support the theory that avoidant coping presents a risk factor for PTSD among national staff.

While Curling and Simmons (2010) did not assess the relation of coping and mental health, they measured how frequently international humanitarian workers apply "negative coping mechanisms", such as the consume of alcohol, cigarettes and drugs, and "positive coping mechanisms", such as social and physical activities and professional support. Among those humanitarian workers participating in their study, reliance on positive coping mechanisms, especially engaging in social and physical activities and spiritual and religious practices, was about five times greater than reliance on negative coping mechanisms.

The recent study of Young et al. (2018) examined not only stressors, but also coping strategies of national and international humanitarian and development workers. Instead of working with pre-defined lists, the researchers requested participants themselves to identify their ways of coping. This resulted in numerous different coping styles,

whereby “Social support from family and friends” was overall the most frequent way of coping among humanitarian workers. Young et al. (2018) also found that some coping strategies, such as the use of alcohol, were identified as both, effective and ineffective by humanitarian workers. Further, some humanitarian workers identified coping strategies such as “working less” as effective, while others identified the opposite, that is “working more”, as effective.

Gritti (2018) assessed coping in the context of her research on gender and identity negotiation among aid workers. In her study, female participants responded to the specific challenges they faced as women in the sector in three distinct ways, namely negotiation, adaptation, and masculinization. While negotiation meant that women put additional effort into their work with the objective of being accepted in leadership positions, adaptation referred to taking up local customs and manners of femininity, such as specific dress codes. The notion of masculinization in the context of coping meant that women adopted certain behaviours typically associated with men, such as tougher attitudes.

As before, autobiographies and first-hand reports from international humanitarian workers complement the above-cited research results and provide additional information on coping styles, even though the authors may not explicitly label them as such. Particularly reports about the excessive use of alcohol recur in writings from international humanitarian workers (e.g., "Secret aid worker", 2016a; Alexander, 2013; Cain et al., 2004). While alcohol consumption is socially widely accepted in most societies, the large amounts consumed in crises zones strongly suggests that humanitarian workers use drinking as coping strategy (Malkki, 2015). Tony Vaux, a humanitarian with decades of experience, put it bluntly: “We dispose of any lingering emotion with the help of a few drinks” (Vaux, 2001, p. 44). The same is true for excessive caffeine and nicotine intake, both of which has been found among humanitarian workers (Dunkley, 2018). Furthermore, international humanitarian workers frequently write about their reliance on colleagues and friends in the sector with regards to talking about the stressors they face (e.g., "Secret aid worker", 2016a; Alexander, 2013).

Wang et al. (2013a) focused exclusively on national staff engaged in relief work after the 2008 China earthquake. The coping styles they identified for this sub-group dif-

fered from those observed in international staff. The national staff studied by Wang et al. (2013a) coped with their reported stresses through "finding meaning and purpose in life through relief work, colleagues' support and understanding, suppression or avoidance of grief, appreciation for life, hardiness, optimism, letting nature take its course, and making up for loss" (Wang et al., 2013a, p. 207). While this already suggested an influence of culture on coping, Omidian and Panter-Brick (2015) made this explicit in their study of coping in national staff working in the Afghan-Pakistan border areas: within this occupational sub-group, especially men faced restrictions in showing emotions, such as fear, love, doubt and grief. Instead, men's emotions acceptable for public display were aggression, anger and hate.

2.4 Gender

There is strong and long-standing evidence that gender matters in the context of humanitarian work, especially with regards to female humanitarian workers' security on site (Gaul, Keegan, Lawrence, & Ramos, 2006; Wille & Fast, 2011). Furthermore, and as noted before, stressors associated with humanitarian work have a gender dimension (Curling & Simmons, 2010; Gritti, 2015). Accordingly, most of the literature, especially autobiographies written by humanitarian workers, includes remarks that are directly or indirectly related to gender: Bertolotti for instance stated that "(h)umanitarian aid work mainly attracts single, childless people" (Bortolotti, 2004, p. 71). Similarly, Blaque-Belair (2003) referred to a situation while based in Bosnia where an Egyptian soldier tried to kiss a female colleague. When Blaque-Belair reported the incident she had witnessed to the commander of the battalion, he answered, "I do not understand what you are doing here. You should be at home having babies" (Blaque-Belair, 2003, p. 106). Most recently, the topic of gender, especially gender-based violence among humanitarian workers, became increasingly part of the humanitarian discourse. This was also reflected in the media (e.g., "Secret aid worker", 2015a; Midden & Deshmukh, 2017; Norbert, 2015). However, the gender dimensions of humanitarian work in general and the relation of gender and humanitarian workers' mental health in particular have not yet received much attention in academic research. Indeed, up to this date only two scholars, Roth (2015b, 2015c) and Gritti (Gritti, 2015, 2018), have dedicated substantive parts of their

qualitative research on the gender dimensions of working in the humanitarian and development aid sectors.

Roth (2015b) found that gender mattered with regards to both, the work and private lives of those participating in her study. Conditions attached to the job, especially long working hours and compromised security in crisis zones, strongly affected their private lives: circumstances like these hardly left any space for building a family and participants perceived it as hard to maintain committed romantic relationships over distance and long periods of time. According to Roth (2015b), especially women felt the need to choose between having a relationship and family and having a career in the sector. For men, combining both and finding a supportive partner seemed easier. Roth (2015b) also found that while the humanitarian culture is generally described as "macho", both women and men downplayed gender differences and tensions: women participating in her study emphasized that they felt respected by men and did not perceive any hindrance regarding career progression. Men, too, highlighted their good relationships to female co-workers. If men pointed out gender differences, then mostly in the context of effective aid delivery: they highlighted the benefits of hiring women with regards to the successful implementation of their programs and projects.

Intersectionality is a theory that offers a framework for identifying and analysing interdependencies and interconnections between social strata. Within the workplace, intersectionality helps understanding how heterogeneous groups of people may experience environments differently based on these strata (Atewologun, 2018). Intersectionality has also evolved into one of the most predominant approaches in feminist theory (Carastathis, 2014). Roth (2015b) stressed the strong need for an intersectional perspective with regards to gender and aid: while gender mattered in her study, it was not the only factor that shaped women and men's experiences in the sector. Other factors, such as nationality and age intersected with gender and thus played an important role in the holistic exploration of aid workers' experiences (Roth, 2015b, 2015c).

In large parts, Gritti's (2015) findings are in line with Roth's results. This is specifically the case regarding women's challenge to reconcile work and family life, and establishing committed romantic relationships. Gritti's (2015) study concluded that par-

ticipants interpreted this situation as a "female issue". In addition, and as outlined before, Gritti (2015) found that women working in the aid sector were confronted with four distinct types of stressors. These are situational factors, job-related factors, organizational factors, and personal risk factors. As Roth (Roth, 2015c), Gritti (2018) also found that other factors intersected with gender: in addition to being a woman, being of young age and being white rendered working in the sector more difficult for her study participants.

In addition to these qualitative studies, some of the quantitative research on humanitarian workers' mental health assessed the roles of gender. Armagan, Engindeniz, Devay, Erdur, and Ozcakir (2006) concluded in this context that while expatriate women supporting the Tsunami relief work, tended to experience more severe PTSD symptoms, gender had no influence on the distribution of the frequency of PTSD amongst women and men. The recent study undertaken by the Global Development Professionals Network on mainly international staff (The Guardian, 2015) showed that while alcoholism was almost twice as likely among men, there were hardly any differences between men and women regarding the prevalence of PTSD, depression and anxiety. The recent study from Fouchier and Kedia (2018) on national humanitarian workers in the Central African Republic did not find any significant differences between men and women in the display of clinical levels of anxiety, depression and PTSD.

Out of the 14 articles on the mental health of national staff we reviewed (Strohmeier & Scholte, 2015), seven studies assessed gender as predictor. Four out of these seven confirmed that women are more affected than men by most of the common mental health problems under investigation. However, in the remaining three studies the variable was either insignificant or pointed towards a relationship of the opposite direction. With regards to international, rather than national, humanitarian workers a similar picture emerged: Lopes Cardozo et al. (2005) found that gender was not a significant predictor of depression in expatriate staff working in Kosovo.

2.5 Organizational staff support

If unmanaged, the consequences of mental ill health can be severe and affect humanitarian worker's personal and professional life. Examples of consequences on life course of

PTSD are significantly elevated risks for marital instability and unemployment (Brunello et al., 2001). Furthermore, "stressed out" employees have overall higher accident and illness rates, are absent from work and consult health services more frequently, and are less efficient and effective in carrying out their duties (Antares Foundation, 2012; Curling & Simmons, 2010). Trauma can affect co-workers and entire teams, too: "(w)hen trauma impacts a member of staff, that same trauma runs through the veins of the organization" (Dunkley, 2018, p. 62). Aside from regularly practicing self-care, services granted by organizations with the objective to enhance employee well-being and to build a healthy, productive workforce are thus an important component of preventing and addressing concerns related to humanitarian workers' mental health.

The Inter-Agency Standing Committee (IASC) is the main entity tasked with the coordination of humanitarian assistance. Established in 1992, the Committee is comprised of major UN and non-UN humanitarian stakeholders (IASC, n.d.). In 2007, the IASC published Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). In line with the significant role the IASC plays in the sector, these Guidelines have evolved into a standard reference tool providing humanitarian actors across the globe, including individuals and organizations, with information on how to best respond to humanitarian crises. These Guidelines also include information on how to "(p)revent and manage problems in mental health and psychosocial well-being among staff and volunteers". In the respective section, the IASC noted the following:

"The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organisations exposing staff to extremes. For organisations to be effective, managers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organization to maintain staff well-being and organizational efficiency" (IASC, 2007, p. 87).

In addition to this moral obligation, providing support to their employees is also based on ethical and legal grounds: organizations have a duty of care for employees. Further, staff support enhances organizational effectiveness and has significant economic benefits (Dunkley, 2018; Porter & Emmens, 2009).

As noted by topic-related research (e.g., Dunkley, 2018; Welton-Mitchell, 2013), organizations have taken note of the above and increasingly prioritize the mental health of their staff, including through the implementation of more holistic care approaches. For instance, staff support was previously largely centred on addressing acute stressors, such as exposure to sexual assault or shootings. Meanwhile, psychosocial support oftentimes covers a focus on the prevention and management of chronic stress among humanitarian workers (Dunkley, 2018; Malkki, 2015; Welton-Mitchell, 2013). However, the few studies available on organizational staff support showed that the services currently offered by organizations are still by and large insufficient and underfunded. Further, the scope of support provided differed immensely between organizations. National NGOs (NNGOs) for instance rarely had the required resources to provide encompassing services. The scope of the support provided also differed immensely within organizations, whereby national staff oftentimes had less access to services than their international colleagues (Porter & Emmens, 2009; Stoddard et al., 2011; Surya et al., 2017). Accordingly, as Dunkley (2018) reported, about 80 per cent of the humanitarian workers participating in her long-year research on available psychosocial support services were dissatisfied with the services offered by their organizations. Further, many of these participants felt they had not been adequately prepared for their deployment in the first place. Dunkley (2018) also pointed out that options for external support are limited, too: while some well-known entities, such as the Headington Institute, offer support, other specialized organizations, such as InterHealth Worldwide (a charity that provided medical and psychological support to humanitarian workers) and Report the Abuse (an NGO that focused on sexual violence against humanitarian workers), have recently ceased operation due to a lack of sustainable funding (Dunkley, 2018). The fact that a universal definition of staff support does not exist complicates this situation further: holding organizations accountable on the one hand and managing staff's expectations on the other is especially challenging in the absence of a common understanding of minimum standards and core services to be provided, respectively (Strohmeier, 2018).

The literature on organizational staff support included recommendations for organizations to address this situation. The most recent academic publication specific to

this subject matter is from Surya et al. (2017), who identified mental health strategies and called on humanitarian organizations to implement these. Dunkley (2018), a trauma expert and counsellor, published a roadmap exclusively focused on psychosocial support for humanitarian workers. Important entities in the context of managing stress in humanitarian workers, particularly IASC and Antares Foundation, complemented these efforts. They, too, provided concrete guidelines that offer advice to organizations how to manage stress among humanitarian workers (Antares Foundation, 2012; IASC, 2007). Finally, organizations themselves present strategies and action points towards the adjustment of their own internal policies and service delivery. An important example in this context is the recently published UN System Mental Health and Well-being Strategy (2018).

The available lists of actions developed for and by organizations are long and diverse regarding focus and detail. Examples of proposed actions are the screening of staff for their capacity to deal with stress prior to deployment; delivery of pre-deployment preparation; considering the use of design-thinking techniques to integrate individual perspectives with organizational structure and to improve organizational response, flexibility, and adaptation; and the provision of post-deployment psychosocial support. Table 2.1 presents a summary of those actions mentioned in the above cited, most relevant, recent literature on organizational staff support.

Table 2.1: Overview of recent staff support recommendations

Institution/Authors	Summary of recommended actions
Antares Foundation (2012)	Principles: 1. The agency has a written and active policy to prevent or mitigate the effects of stress. 2. The agency systematically screens and/or assesses the capacity of staff to respond to and cope with the anticipated stresses of a position or contract. 3. The agency ensures that all staff have appropriate pre-assignment preparation and training in managing stress. 4. The agency ensures that staff response to stress is monitored on an on-going basis. 5. The agency provides training and support on an on-going basis to help its staff deal with their daily stresses. 6. The agency provides staff with specific and culturally appropriate support in the wake of critical or traumatic incidents and other unusual and unexpected sources of severe stress. 7. The agency provides practical, emotional and culturally appropriate support for staff at the end of an assignment or contract. 8. The agency has clear written policies with respect to the on-going support it will offer to staff who have been adversely impacted by exposure to stress and trauma during their assignment.
Dunkley (2018)	The complete package of care should include: 1. Pre-deployment psychosocial support 2. Psychosocial support during deployment 3. Post-deployment psychosocial support 4. Specialist services after a critical incident 5. On-going monitoring
IASC (2007)	Key actions: 1. Ensure the availability of a concrete plan to protect and promote staff well-being for the specific emergency 2. Prepare staff for their jobs and for the emergency context. 3. Facilitate a healthy working environment. 4. Address potential work-related stressors. 5. Ensure access to health care and psychosocial support for staff. 6. Provide support to staff who have experienced or witnessed extreme events 7. Make support available after the mission/employment.

Surya et al., (2017)	Strategies: 1. Train all expatriate and local staff on mental health first aid and selected peer supporters in counselling 2. Standardize methods for prevention, reporting, and referral 3. Recognize and address mental health issues 4. Organize various activities to raise awareness about mental health issues, such as online courses, workshops, and trainings 5. Explore opportunities within the existing local health or public service sector and strengthen (or build) those services 6. Consider community-based training and intervention for local and international staff 7. Conduct studies and systematic research to understand the size of the problem and to develop effective mechanisms 8. Adapt and use available resources and techniques 9. Improve and increase information sharing and communication related to mental health and well-being between organizations 10. Set up comprehensive and supervised peer support systems to provide low-threshold contact points for affected staff members 11. Consider the use of design-thinking techniques to integrate individual perspectives with organizational structure and to improve organizational response, flexibility, and adaptation.
United Nations (2018)	Priority Actions: 1. Resource and distribute psychosocial support and mental health services to enable all United Nations staff who need it, especially those at higher risk, to have universal and equitable access to these services within 18 months of endorsement. 2. Implement stigma reduction and health promotion approaches over the five-year period, to strengthen the knowledge, skills and behaviour of all United Nations staff members with regard to staying psychologically fit and healthy and to ensure that concerns about stigma, anticipated and/or experienced, are not a barrier to achieving good mental health and well-being. 3. Initiate a suite of prevention interventions, informed by best practice and shown to influence positively the protective factors associated with good mental health and well-being, as well as avert or minimize harm from known risk factors, directly and indirectly for the staff member, and/or from the environment in which they work. 4. Establish a workplace well-being programme, with an agreed charter, practical support, training and recognition awards for teams and mans that enables the achievement of respectful, resilient, psychologically safe and healthy United Nations workplaces over a five-year timescale. 5. Complete a review of United Nations Health Insurance provision, and

	United Nations social protection schemes (for disability and compensation) within two years, to achieve equity of coverage for mental health, and ensure that provision is adequate, acceptable and appropriate. 6. Create systems to enable and oversee the safety and quality of psychosocial support programmes by the end of year one. 7. Complete a multidisciplinary workforce development plan, supported by a business case, submitted to the High-level Committee on Management by the end of year one. The business case is informed by a data-supported assessment of the capacity, capability and quality of in-house and external resources.

As shown, the literature on organizational staff support identified a strong need for organizations to improve existing services and proposed various actions towards this end. However, research that systematically explores humanitarian workers' perceptions on organizational staff support in general and their suggestions towards improving care systems in particular is scant. Indeed, my recently published work (Strohmeier, Scholte, & Ager, 2019) is up to this date the only study explicitly dedicated to this topic. The results of my study show that "humanitarian workers want to engage in discussions on staff support and hold views on how to improve the current services" (Strohmeier et al., 2019, p. 9): out of a survey with 277 humanitarian workers based in South Sudan, 210 provided respective suggestions for their organizations. Five overarching themes specifying areas for improvement emerged out of the analysis of these suggestions. Ordered by the frequency of suggestions they comprise, these themes are "Competitive benefit and salary packages", "Internal work climate and organisational culture", "Equality within and between organisations", "Skill enhancement and personal development", and "Physical safety and security". Overall, national and international staff recommended particularly improvements concerning the access to psychosocial support services. Aside from this request, suggestions differed greatly between national and international staff.

As noted before, the available lists of actions developed for and by organizations are long and diverse regarding focus and detail. They also target the humanitarian sector as a whole. My study (Strohmeier et al., 2019) on the other hand was based on suggestions provided by humanitarian workers in South Sudan only. Thus, undertaking a mean-

ingful comparison is challenging. However, it stands out that there are differences between the recommendations found in the literature on organizational staff support (see Table 2.1), and the requests from humanitarian workers (Strohmeier et al., 2019). One exception in this context is the access to psychosocial support, which plays an important role throughout the literature on staff support, including my study (Strohmeier et al., 2019). However, as Malkki (2015) noted, it is important to keep in mind that psychosocial support in crisis settings cannot be the same as psychosocial support in staff's home countries: "Psychologists don't [routinely] go on international relief missions because the aid workers' ability to help would be adversely affected. If they had to start processing things too deeply there on the spot, their work would suffer" (Malkki, 2015, p. 189).

2.6 Gaps in the literature

2.6.1 Gaps related to mental health

There are numerous gaps in the literature on humanitarian workers. With regards to mental health, the following four shortcomings stand out in particular: first, the sector lacks a universal understanding of relevant terms, such as "humanitarian workers". In the specific context of mental health, such undifferentiated proceeding poses an issue, not least given the different settings in which study participants operate (e.g., crisis versus development settings). It also complicates the generally challenging interpretation and comparison of research results (e.g., prevalence rates of mental health problems) further. Second, most academic studies on the mental health of humanitarian workers are quantitative in kind, refer to either national or international staff only, or focus exclusively on certain areas within crisis countries, or specific organizations or organization types. Qualitative research complementing quantitative work and investigating life in crisis at a deeper level is especially scant. MMR on the topic has not yet been undertaken. Third, most studies assessing prevalence and predictors of mental health problems focused on PTSD, while other mental health problems are frequently neglected. Although the literature showed that excessive consumption of substances, especially alcohol, is common among humani-

tarian workers, substance use disorder among this occupational group has rarely been studied. Fourth, most studies included few predictors only in their models, and for the most part, their findings differed. Some predictors, such as coping and spiritual transcendence, have up to this date not been studied in detail or not been researched at all.

2.6.2 Gaps related to gender

The research on gender and humanitarian workers is up to this date especially limited. Within this body of literature, the two scholars who dedicated substantive parts of their research on the gender dimensions of working in the humanitarian and development sectors, Roth (2015b) and Gritti (2015, 2018), vastly neglected two aspects: first, an analysis that accounts for the distinct experiences of international and national staff with regards to gender. Second, an in depth exploration of the relation of gender and humanitarian workers' well-being in general and mental health in particular.

The quantitative studies that accounted for gender in their analysis of humanitarian workers' mental health produced ambiguous results. This is surprising given that the association between stress exposure and mental ill-health among humanitarian workers is well-established. As shown, it is also well established that there are differences regarding type and intensity of stressors experienced by male and female humanitarian workers. Hence, it is plausible to expect results to be more consistent regarding gender as determinant of mental health. This is the case in the general population: as research has shown, biological differences between women and men interact with socially constructed differences regarding roles and responsibilities, power, and status. This leads to differences in the nature of mental health problems experienced, and differences in health seeking behaviour (WHO, 2002). In addition, the literature on occupational health recently confirmed gender as important determinant of mental health, too (e.g., Campos-Serna, Ronda-Pérez, Artazcoz, Moen, & Benavides, 2013; Quinn & Smith, 2018). For instance, research established links of discriminatory acts, such as lower pay for women and lesser options for promotions, with mental health problems, such as anxiety and depression (Aiken, 2018; Harnois & Bastos, 2018).

2.6.3 Gaps related to organizational staff support

The bulk of the literature on organizational staff support included recommendations for action. However, there are three main obstacles with regards to the suggested adjustments of existing staff support programs. These are insufficiently considered by the available literature:

First, the studies these suggestions are based on usually do not differentiate between the potentially distinct conditions organization types, such as UN, INGOs and NNGOs, face, for instance in terms of funding and local realities in the field. The studies and suggestions also rarely account for the distinct needs of specific occupational subgroups, such as female humanitarian workers and national staff. Thus, the recommended actions they produce are rather generic and broad in scope.

Second, the proposed actions are rarely accompanied by plans outlining their implementation. They are largely inconsiderate of the challenges organizations may face in the implementation of the recommendations. For instance, the current funding for staff support is marginal, and the implementation of encompassing restructuring plans will hardly be possible without the additional allocation of resources (Dunkley, 2018; Malkki, 2015).

Lastly, it remains unclear if the suggested services would indeed address humanitarian workers' issues related to mental health: research on staff support efficacy, including questions related to the quality of services and the way in which these services are delivered, is barely available. Some of the studies on national humanitarian workers suggested that psychosocial interventions support staff's emotional well-being (e.g., Chemali, Smati, Johnson, Borba, & Fricchione, 2018; Omidian & Panter-Brick, 2015). However, other research results showed that some humanitarian workers were hesitant to utilize such services, as they felt embarrassed, feared to be perceived as "weak", or to miss out on career opportunities (Dunkley, 2018; Malkki, 2015). The concern of being stigmatized when utilizing psychosocial support services seemed particularly prevalent among national staff (Dunkley, 2018). Furthermore, some studies found no association between the provision of benefits and services provided by humanitarian organizations and na-

tional staff's mental health (Ager et al., 2012). Thus, the only well-founded conclusion to be drawn from previous research is that staff support is most effective when adjusted to the respective context on the ground, and considerate of cultural norms and manners (Anonymous, 2010; Dunkley, 2018; Gilbert, 2016; Kahn, 2018; Omidian & Panter-Brick, 2015; Pigni, 2014).

3 Research questions, study design and theoretical framework

I begin this third chapter with introducing the research questions that guided this study on humanitarian workers in South Sudan (section 3.1). To answer these questions, I used MMR as the study design, and Job Demands-Resource theory (JDR) as the theoretical framework. After the introduction of the research questions, I present relevant information on MMR (section 3.2) and JDR theory (section 3.3). I close this chapter with study-specific definitions of the terms "common mental health problems", "humanitarian workers", "lived experience", and "organizational staff support" (section 3.4).

3.1 Research questions

Three interrelated research questions guided this study on humanitarian workers in South Sudan. These emerged from the literature on humanitarian workers and the gaps as outlined in the previous chapter.

Research question 1: What can we say about common mental health problems among humanitarian workers in South Sudan with respect to prevalence and predictors?

Research question 2: What are the lived experiences of international humanitarian workers in South Sudan, particularly with respect to gender?

Research question 3: What are the implications of these research findings for humanitarian stakeholders, particularly with respect to organizational staff support in South Sudan?

These research questions comply with the three main objectives of this study as outlined in the Introduction: to generate baseline data on the mental health of humanitarian workers in South Sudan, to investigate the role of gender in the context of humanitarian work in South Sudan in general and humanitarian workers' mental health in particular, and to make a practical contribution through discussing the implications of mental health prob-

lems and gender discrimination within the workforce for humanitarian stakeholders in South Sudan.

3.2 Study design: mixed methods research

Generally, quantitative research uses methods that generate data for numerical analysis, such as statistical calculations. Such research usually starts out with hypotheses, seeks correlations, and aims at the generalization of findings. Qualitative research, on the other hand, uses methods that are largely based on words. This type of research is concerned with the description of phenomena in context, the interpretation of processes or meanings, and seeks "understanding" (Silverman, 2014). While multi-method research draws from methods of the same generic type, that is either quantitative or qualitative, MMR is understood as methodological eclecticism (Tashakkori & Teddlie, 2010). Specifically, Johnson, Onwuegbuzie, and Turner (2007) define MMR as

"(…) the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration" (Johnson et al., 2007, p. 123).

Thus, MMR considers multiple viewpoints, and utilizes and fully respects the knowledge that can be gained with quantitative and qualitative research (Johnson et al., 2007). The overall objective thereby is to strengthen the conclusion of the research project, and improve the study's output as compared to the output produced with a more basic study design (Schoonenboom & Johnson, 2017). However, the exact function of MMR may vary. While there are numerous reasons for mixing methods, the following five purposes are frequently cited in the literature: 1) triangulation (achieving correspondence from the results produced with different methods), 2) complementarity (achieving clarification of the findings generated with one method through the findings produced with another method), 3) development (the results produced with one method are used to inform the research undertaken with another method), 4) initiation (discovering new perspectives,

contradictions or paradoxes), and 5) expansion (increasing the breath of the investigation through the use of different methods) (Palinkas, 2014; Schoonenboom & Johnson, 2017).

Interrelated with their specific purpose, MMR designs can also be distinguished based on timing: a study's quantitative and qualitative components can be implemented either concurrently, making for a so-called "concurrent design", or sequentially, making for a so-called "sequential design". Furthermore, MMR designs can be distinguished by evaluating the relative importance of each component. Some designs attach more weight to the data generated by one method, whereas other designs attach equal status to all research components (Schoonenboom & Johnson, 2017).

Regardless of their exact purpose, the timing, and the weight attached to each research component, MMR designs have at least one "point of integration" or "point of interface". In the literature, this point of integration is understood as "any point in a study where two or more research components are mixed or connected in some way" (Schoonenboom & Johnson, 2017, p. 116). Deciding where this point of integration will be is one of the most important decisions to be made when designing MMR, and the integration itself is one of the most challenging processes. The literature suggests various proceedings towards this end, and there is space for flexibility and creativity (Schoonenboom & Johnson, 2017; Tunarosa & Glynn, 2017). However, integration most commonly takes place in the context of outcomes: the results from one research component are presented alongside the results of one or more other research components, accompanied by an integrative statement (Schoonenboom & Johnson, 2017).

In this study, I apply a sequential, equal status MMR design comprised of three distinct research phases. While I will cross-reference certain aspects of these phases throughout the thesis, the main point of integration will be in the final chapter, the concluding discussion. Here, I will distil key insights from all quantitative and qualitative research components, and consolidate the findings.

I identified MMR as the most suitable design for this study for three main reasons: first, the research questions at hand can be answered best through a combination of quantitative and qualitative data and analysis. Specifically, the first research question, which focuses on prevalence and predictors of common mental health problems, is best

answered through quantitative data and statistical analysis. I collect these data through an online survey and call this part of the study "survey phase". Research question 2 centres on international humanitarian workers' lived experiences, particularly with respect to gender. This question is best answered through qualitative data and methods. I collect these data through in depth semi-structured interviews and analyse these through Interpretative Phenomenological Analysis (IPA). This phase of the study is the "focused qualitative phase". The third and last research question focuses on the implications of the findings for humanitarian stakeholders, particularly with respect to organizational staff support in South Sudan. This research question is best addressed through data from mixed sources. These sources include first and foremost the "evaluation phase" of this study: a third phase of research centred on the evaluation of staff support services provided by NGOs in South Sudan. Furthermore, I use data from the survey and focused qualitative phases, additional information received from informants in the country, personal experiences in crisis settings, and the current literature to address the third and last research question.

Second, MRR facilitates triangulation, meaning looking at data from different angles using different methods. This is desirable, as it facilitates a more complete picture, reconfirms findings, and thus increases confidence in research results (Bolton, Tol, & Bass, 2009; Heale & Forbes, 2013). Specifically, the online survey generates quantitative data, which facilitates testing of relationships between mental health outcomes and other variables using a large sample size. This provides information on the "what", and enhances the likelihood that the findings indeed represent the assessed population (Bolton et al., 2009). Yet, one major limitation of this approach is that it fails to explain the "how". The subsequent focused qualitative phase accounts for this to some extent. It holistically explores the lived experiences of humanitarian workers, and thus supports the interpretation of findings and reveals processes that underlie the statistical results.

Third, MMR gained popularity in recent years, and there is a strong call for more MMR from academics and practitioners (Bolton et al., 2009; Ventevogel & Faiz, 2018). This is particularly the case for settings like that of this study: MMR is very useful for undertaking research in crisis settings, given that these environments are complex, and

thus require a particularly holistic research approach. For instance, crisis settings bear a high risk to overestimate psychopathology through conflation with adaptive distress reactions (Bolton et al., 2009; Ventevogel & Faiz, 2018). MMR helps addressing this risk. Furthermore, this study includes strong components on organizational staff support. Previous research showed that MMR is particularly valuable in studies related to health service provision, as it facilitates capturing consumer perspectives with the objective of improving service delivery well (Palinkas, Horowitz, Chamberlain, Hurlburt, & Landsverk, 2011; Robins et al., 2008). Finally, MMR has not yet been undertaken on the occupational group of humanitarian workers. Thus, applying MMR as study design also fills a gap in the literature.

3.3 Theoretical framework: Job Demands-Resources theory

The field of global health lacks theories that facilitate the generalization of findings (Kleinman, 2010). As Kleinman (2010, p. 1518) wrote, "(t)his lack may or may not have slowed progress in developing and implementing programmes, but it surely has limited the education of practitioners and the emergence of an intellectually robust field." I apply JDR theory, which has its origins in the field of occupational health, as the theoretical framework of this study. Demerouti, Bakker, Nachreiner, and Schaufeli (2001) were the first to introduce this theory internationally in the early 2000s in the context of understanding burnout. At the core of JDR theory is employees' well-being. In essence, it seeks to explain employees' health impairment, employees' work engagement, and ultimately organizational performance (Bakker & Demerouti, 2017b). Over the last two decades, and based on numerous studies, eight propositions emerged (Figure 3.1):

1) *All job characteristics can be divided into two categories with unique features and predictive values: job demands and job resources (Bakker & Demerouti, 2018).* Specifically, job demands are defined as "aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological

costs" (Demerouti et al., 2001, p. 501). Examples are time pressure, sexual harassment, work overload, and work-home conflict (Schaufeli & Taris, 2014). Job resources, on the other hand, are "aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; (c) stimulate personal growth and development" (Demerouti et al., 2001). Examples are team cohesion, social climate, safety climate, trust in management, and opportunities for professional development.

2) *Job demands and job resources stimulate two different processes: the motivational process, and the health impairment process*. Specifically, owing to their power to provide meaning and fulfil employees' basic needs, job resources are motivating and lead to work engagement – a desirable state of dedication, vigour and absorption. Job demands on the other hand instigate a health impairment process, especially in cases of chronic overload (Bakker & Demerouti, 2017b).

3) Job resources have the potential to buffer job demands' impact on negative strain. Thus, while job demands and job resources have independent main effects, there is an interaction effect. Specifically, job resources are vital with regards to providing employees the means to cope with job demands (Bakker & Demerouti, 2017b, 2018).

4) *Job resources influence motivation and work engagement particularly when job demands are high*. The rationale behind this proposition is "that all types of resources gain their motivating potential and become particularly useful when needed" (Bakker & Demerouti, 2017b, p. 275). This also means that job resources are of particular importance in a situation of very challenging job demands.

5) *Personal resources play a role similar to that of job resources*. Personal resources are "aspects of the self that are generally linked to resiliency and refer to individuals' sense of their ability to control and impact upon their environment successfully"

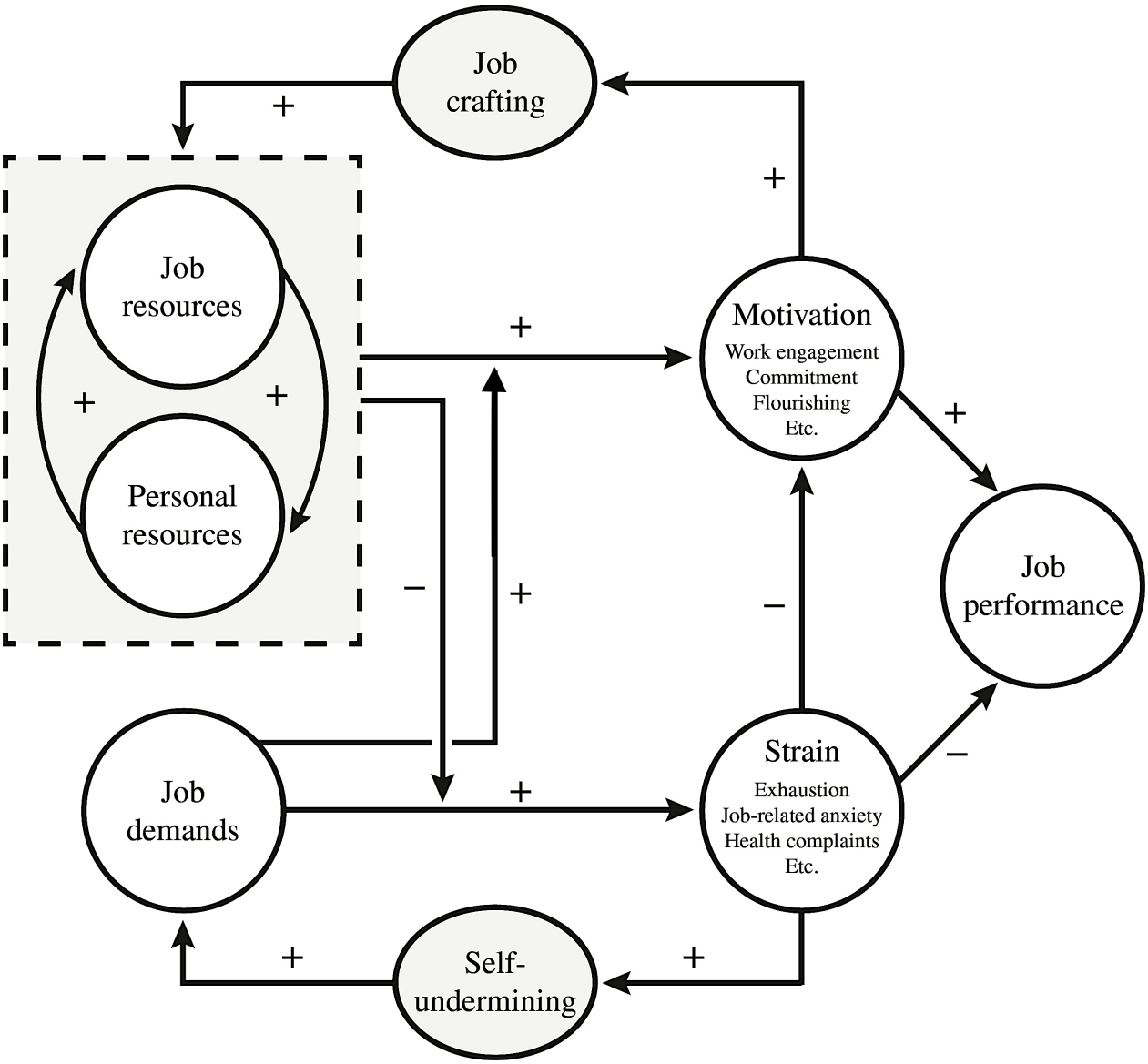
(Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007, pp. 123-124). Examples are hope, low neuroticism, intrinsic motivation, and extraversion (Schaufeli & Taris, 2014).

6) *Motivation impacts job performance positively, whereas job strain impacts job performance negatively*. This proposition is based on research that showed that motivation supports employees with being goal-oriented and concentrate on job performance. However, workers with health complaints or low in energy are more prone to make mistakes and less likely to achieve work goals (Bakker & Demerouti, 2017b).

7) Employees motivated by their job are likely to apply job crafting behaviours (Bakker & Demerouti, 2017b, 2018). This, in turn, leads to increased levels of personal and job resources, and even higher motivation. Job crafting refers to "the proactive changes employees make in their work tasks and their working relationships (e.g., with clients, colleagues, and their supervisor)" (Bakker & Demerouti, 2018, p. 5). The consequence is the opportunity for employees to create their individual "gain cycle" of work engagement and resources through learning to craft their job (Bakker & Demerouti, 2018).

8) *Negative job strain causes self-undermining behaviours*. This, in turn, leads to increased levels of job demands, and even higher job strain. Self-undermining behaviour refers to "behaviour that creates obstacles that may undermine performance" (Bakker & Demerouti, 2017b, p. 277). Examples are the creation of confusion, conflict, and stress. The consequence is a "loss cycle" high in job demands and job strain (Bakker & Demerouti, 2018).

Figure 3.1: JDR model



Source: Bakker and Demerouti (2017b, p. 275)

Within the realm of occupational health theory, JDR theory stands out for two main reasons, particularly when compared to other prominent theories and models, such as the Effort-Reward Imbalance model or the Job Demands-Control model, both of which are much more restricted: first, JDR theory follows a comprehensive approach and integrates a negative *and* positive focus on job engagement. Second, JDR theory is not re-

stricted to specific job demands and resources. Instead, the theory is broad in scope and assumes that any job demands and resources may have an impact on employees' health. JDR theory can thus be applied widely, and its corresponding model tailored to a variety of job environments and employees (Brauchli, Jenny, Füllemann, & Bauer, 2015; Schaufeli, 2017; Schaufeli & Taris, 2014).

There are limitations and unresolved issues of JDR theory. The proposed "straightforward unidirectional causal relations among demands, resources, and outcomes" (Schaufeli & Taris, 2014, p. 71) is one example. Nevertheless, since its development, numerous studies provided evidence for the hypotheses proposed by JDR theory (Bakker & Demerouti, 2017a; Schaufeli, 2017), and its corresponding model has evolved into one of the leading occupational stress models globally, especially in the context of cross-sectional research (Schaufeli, 2017; Schaufeli & Taris, 2014). However, JDR theory has also found its way into qualitative research, where it increasingly serves as a framework for studies (e.g., Gauche, de Beer, & Brink, 2017; Haberey-Knuessi & Heeb, 2017; Simbula, 2010). Furthermore, the theory has most recently gained attention in the realm of gender research, and the specific impacts of gender-based discrimination on employee well-being (e.g., Dubbelt, Rispens, & Demerouti, 2016; Huang, Xing, & Gamle, 2016). It has also been applied in the field of humanitarianism and the study of work-life balance among humanitarian workers (Visser, Mills, Heyse, Wittek, & Bollettino, 2016).

JDR theory can be utilized in various ways. For instance, instead of testing its hypotheses per se, it is a common proceeding among researchers to apply it as an overall framework with the objective to integrate numerous studies. Researchers have also focused on specific parts of JDR theory only in their studies. Examples are studies that examined exclusively the motivational process of the JDR model, or the health impairment process (Schaufeli & Taris, 2014). Furthermore, JDR theory comprises of various levels that can be studied. These include the organizational level, leader level, team level, and individual level, and interactions between these levels. For instance, organizations can encourage employees' work engagement and performance, including through providing opportunities for learning, employment security, and other human resource practices.

Leaders have the potential to influence employees' job demands and job resources, including through intellectual stimulation, inspirational motivation, and individual consideration (Bakker & Demerouti, 2018).

In this study, I use JDR theory as theoretical framework, and base each research phase on specific parts of JDR theory. Specifically, the survey phase tests associations between job demands, job resources, personal resources, and strain in the form of predictors of common mental health problems among humanitarian workers. Thus, the survey phase focuses on the health impairment process only. The focused qualitative phase is broader. It investigates components of both, the health impairment process and the motivational process, and provides space for the discovery of interactions and underlying mechanisms based on humanitarian workers' lived experiences. The evaluation phase focuses on the organizational level. It examines the availability and access of humanitarian workers to job resources, and identifies challenges and good practices connected therewith.

I chose JDR theory as the theoretical framework of this study over other theories for the following five reasons: first, the setting of this study, a humanitarian crisis, is very unique. JDR theory is flexible, especially in comparison to other occupational health psychology theories and models, and it can easily be adapted to the specific work environment and employees studied, which suits the context at hand well. Second, JDR theory explicitly acknowledges the importance of personal resources as determinants of employees' adaptation to work settings, and facilitates incorporation of these in its model. Given the insufficient and underfunded support services organizations provide, personal resources play a prominent role in the context of humanitarian workers' mental health. Third, JDR theory is suitable to study the role of gender in the context of employee well-being – an important component of the study at hand. In addition, the theory can be applied to quantitative and qualitative studies. This suits the chosen MMR design well. Finally, JDR theory is well established, widely recognized within the occupational health psychology literature, and has been used to study humanitarian workers. All of these reasons suggest that JDR theory offers a solid basis for the study at hand.

3.4 Specific definitions

3.4.1 Common mental health problems

The category of common mental health problems is heterogeneous. While it typically captures depression and anxiety disorders (e.g., National Health and Care Institute, 2011), this study's unique setting, the humanitarian crisis in South Sudan, requires us to consider other factors, such as exposure to conflict and violence, traumatic events, and chronic stress. Exposure to such an environment can lead to post-traumatic stress disorder (PTSD; Miller & Rasmussen, 2010), which can lead to a number of other mental health outcomes. For example, depression and anxiety are among the most common comorbid conditions of PTSD and also associated with war-related trauma and daily stressors (Brady, Killeen, Brewerton, & Lucerini, 2000; Miller & Rasmussen, 2010). Hazardous alcohol consumption is another common comorbid condition of PTSD (Brady et al., 2000; Collins et al., 2011). Furthermore, chronic stress at the workplace leads also frequently to burnout (Maslach, Jackson, & Leitner, 1997). In this study, common mental health problems include PTSD, depression, anxiety, burnout, and hazardous alcohol consumption, in line with the proceeding of numerous other studies on the mental health of humanitarian workers (e.g., Ager et al., 2012; Lopes Cardozo et al., 2005; Lopes Cardozo et al., 2013).

3.4.2 Humanitarian workers

A universal definition of the term "humanitarian workers" does not exist (Connorton et al., 2012), and typical alternative terminologies used in the literature, such as "aid workers", "people working in aid", and "relief workers", are equally ambiguous (e.g., Gritti, 2018; Humanitarian Outcomes, n.d.; Roth, 2015b). Capturing diverse occupational groups, such as development and humanitarian workers, poses an issue in the specific

context of mental health, given their oftentimes different working conditions, and the potential psychosocial consequences these can have. This study defines humanitarian workers as paid civilians working for the ICRC, governmental organizations, intergovernmental organizations, NNGOs or INGOs whose mandate/mission statement explicitly includes the delivery of humanitarian assistance ("humanitarian organizations"). This includes both "international humanitarian workers", meaning civilians who deliver paid work for a humanitarian organization outside their home country, and "national humanitarian workers", meaning civilians who deliver paid services for a humanitarian organization in their home country. Humanitarian assistance is understood as "aid that seeks to save lives and alleviate suffering of a crisis affected population" (ReliefWeb, 2008).

With regards to gender, it is important to acknowledge that non-binary gender identities exist, and some countries officially recognise third gender categories. Nevertheless, this study follows the system of gender binary (male/female). This proceeding is in line with the UN definition of gender (UN Women, n.d.), and the approach chosen by other studies on gender and humanitarian workers (Gritti, 2014; Roth, 2015b).

3.4.3 Lived experience

Generally, lived experience is defined as "(p)ersonal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people" ("Lived experience", 2011). This study refers to lived experience in the context of qualitative research. In this specific context, the general understanding of lived experience is adjusted to the research setting, and the interplay of researcher and research subject:

"Lived experience (…) is a representation and understanding of a researcher of research subject's human experiences, choices, and options, and how those factors influence one's perception of knowledge. (…) Lived experience, then, leads to self-awareness, that acknowledges the integrity of an individual life and how separate life experiences can resemble and respond to larger public and social themes, creating a space for storytelling, interpretation, and meaning-making" (Boylorn, 2008, p. 489).

Consequently, the construct of lived experience facilitates using a small number of lives, even a single life only, to learn about society and related matters, and the communication of individual experiences (Boylorn, 2008).

3.4.4 Organizational staff support

Organizations have idiosyncratic understandings of staff support. The objectives and scope of their support services differ immensely. Common alternative terms used by organizations include staff welfare, staff care, or mental health and psychosocial support (MHPSS) for staff (Porter & Emmens, 2009; Welton-Mitchell, 2013). For example, the IASC as the main body tasked with the coordination of humanitarian assistance stated the following about staff support:

"The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organisations exposing staff to extremes. For organisations to be effective, managers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organization to maintain staff well-being and organizational efficiency" (IASC, 2007, p. 87).

In this study, organizational staff support is defined as official measures undertaken by organizations to support the psychosocial wellbeing of their workforce, and to comply with the above-cited obligations and responsibilities.

4 South Sudan: a unique study setting

Peter Maurer, the International President of the ICRC, referred to South Sudan as "one of the unique crises" in the world and as "a special crisis" (Muhumuza, 2017, pp. 1, 3). In this chapter, I contextualize the study setting of South Sudan, and crystallize how this setting differs from other duty stations categorized as "E", meaning most difficult regarding working and living conditions (International Civil Service Commission, 2019b). Towards this end, I begin with an overview of South Sudan's way to independence (section 4.1), followed by a country profile that presents relevant geographic, political, and population data (section 4.2). I then elaborate on the dire humanitarian crisis the country continues to experience (section 4.3). This chapter closes with an overview of what we know about working and living in South Sudan, and the effects of the humanitarian crisis on humanitarian workers on site (section 4.4).

4.1 The way to independence

Northern and Southern Sudan have a history of decades of brutal civil war. Shortly after the 1953 agreement between the United Kingdom and Egypt to end the colonization of Sudan by 1956, internal tensions in the country began to aggravate. These resulted in the First and Second Sudanese Civil Wars, which lasted from 1955 to 1972 and 1983 to 2005, respectively. In essence, both wars were based on religious and ethnic divides between the poorer Christian and traditional African South, and the more dominant Muslim Arab North (Berkley Center for Religion, 2013). They were marked by large-scale displacement and high mortality rates: the First Civil War caused more than half a million deaths, and the estimated number of civilians that lost their lives during the second period of fighting amounts to 2.2 million. On 9 January 2005, the Government of Sudan and the Sudan People's Liberation Movement/Sudan People's Liberation Army signed the Comprehensive Peace Agreement (CPA). Supported by the Intergovernmental Authority on Development (IGAD) and its regional and international partners, the CPA was the result

of a series of negotiations that started in 2003 between the conflict parties; its primary objective was to finally end what had become the longest running conflict in Africa. Among other things, ending this conflict required the provision that, after a six-year period of autonomy, "the people of South Sudan have the right to self-determination, inter alia, through a referendum to determine their future status" ("The Comprehensive Peace", 2005, p. 2). This referendum was held in January 2011, and it resulted in about 99% of South Sudanese voting for secession from the North ("South Sudan referendum", 2011). Consequently, the South gained independence on 9 July 2011. The new country South Sudan was born.

4.2 Country profile

South Sudan is a landlocked state in Eastern Africa. It spans over 644,329 square kilometres and borders Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Sudan, and Uganda. After multiple reorganizations of its territory since independence, the country is currently divided into 32 States with a total population estimate of about 10 million people. Juba is the country's biggest city and capital, and it is also the centre of humanitarian coordination. Located at the White Nile, Juba is part of Jubek State, and recent estimates suggest that about 370,000 people live in the city. Regarding age structure, about 42% of the population is between 0 and 14 years old, and the median age is 18.1 years. Approximately 27% of the population aged 15 and older is literate, whereby more men than women can read and write. In 2017, South Sudan invested about 1% of gross domestic product (GDP) expenditure only in education. The situation concerning health care is similar, with a marginal investment of 2.7% of GDP expenditure. With regards to ethnic groups, South Sudan is home to more than 60 tribes, and the two largest ethnic groups are Dinka and Nuer. Politically, the country is a presidential republic, and the current President, Salva Kiir Mayardit, is a Dinka (CIA, 2019). Regarding religion, Christianity is the dominant denomination, with three fifth of the country's population following this belief. Some South Sudanese follow traditional religions. The share of Muslims in the country is very low (Sabr, Collins, Spaulding, & Sikainga, n.d.). While

English is the official language in South Sudan and the working language in the humanitarian sector, many people, especially outside the capital, speak Arabic and regional languages, such as Dinka, Nuer, or Bari, only. The physical infrastructure in South Sudan remains extraordinarily poor: currently, hardly any roads outside Juba are paved, which makes air traffic the main mode of transportation for internationals in the country. Similarly, South Sudan's telecommunication and internet systems are among the weakest in the world (CIA, 2019). At the moment, generators are still the country's primary source of electricity, and blackouts occur frequently (Forum on China-Africa Cooperation, 2018). South Sudan has abundant oil resources, yet no ability to refine. It is among the poorest and least developed countries globally: the latest Human Development Index – an index of per capita income, education, and life expectancy – ranked South Sudan 187 out of 189 countries included in the analysis (UNDP, 2018).

South Sudan's economic situation and its consequences deserve more detailed attention. Previously fixed to the US dollar, the government decided in December 2015 to un-peg the exchange rate and allow for a floating system. Since then, the South Sudanese Pound has depreciated significantly (U.S. Department of State, 2018). This policy continues to have significant socio-economic and livelihood consequences, including through tremendous increases in prices of food and fuel, combined with insufficient rises of wages. Specifically affected are those highly dependent on markets, such as the urban poor, low-income rural earners, importers and traders (WFP & FAO, 2016). In March 2019, the country's recorded inflation rate was at 56.10%. While this remains a great concern, it is lower than the all time high of 835.70% recorded in October 2016 (Trading Economics, 2019), which also marked the highest inflation rate globally at that time (Mercy Corps, n.d.).

4.3 South Sudan's humanitarian crisis

South Sudan is not only the world's youngest state, it is also one of the four countries globally where the humanitarian situation is worse than ever (UN News, 2017). After two promising years following independence, civil war broke out within the country's borders

in December 2013: President Salva Kiir accused then Vice President Riek Machar of plotting a coup d'état. This political rivalry between Kiir and Machar triggered widespread violence and ultimately war between forces loyal to the Government and those allied with the opposition, causing large death tolls across the country and a dire humanitarian crisis (CIA, 2019; Winsor, 2018). The threat of sanctions from the UN and international pressure led the warring parties to sign the Agreement on the Resolution of the Conflict in South Sudan in 2015. While this agreement allowed Machar to return to Juba and facilitated the formation of the Transitional Government of National Unity, the Agreement was violated multiple times. In July 2016, fighting in Juba and other parts of the country again escalated between troops loyal to Kiir on one hand, and those loyal to Machar on the other. This caused the humanitarian situation to worsen, with Machar having to live in exile outside South Sudan. International relations, especially with the United States of America, the largest donor to the country, deteriorated as well. Finally, in September 2018, President Salva Kiir, former Vice President Riek Machar, and other opposition groups signed the Revitalized Agreement on the Resolution of the Conflict in South Sudan in Khartoum. This agreement is praised as a milestone towards peace and shows parties' commitment. However, violations have already been reported, and the long-term prospects for enduring peace are still doubtable (Ryan, 2019).

In line with this situation, the humanitarian situation in the country remains dire: as of 2019, 7.1 million people (about two thirds of the country's population) remain in need of humanitarian assistance and protection in South Sudan due to on-going armed conflict and inter-communal violence, disease outbreaks, climatic shocks, and severe economic stress (UNOCHA, 2018). This years' humanitarian assistance, delivered by 183 organizations through 396 projects, targets 5.7 million people at an estimated cost of 1.5 billion United States Dollars (USD). Based on need and with an estimated requirement of 680 million USD, the bulk of this assistance focuses on food security and livelihoods. One hundred eighty-seven million USD and 139 million USD are allocated for nutrition, and WASH services, respectively (UNOCHA, 2018).

The response in South Sudan is one of the world's most costly and logistically challenging humanitarian operations, owing to the poor physical infrastructure on site and

issues of accessibility, especially during rainy season, as well as complexities related to politics and security (Falcao & Fox, 2015). One out of many examples that demonstrate this situation is ICRC's relief operation. The operation, including hospitals, had to be moved several times over the course of the last years in order to keep up with the local populations who fled violence (Muhumuza, 2017). Furthermore, over 80% of South Sudanese live in rural areas spread across the country. In 2018 alone, the UN Humanitarian Air Service (UNHAS) thus transported about 81,000 humanitarian aid workers as well as 1,200 metric tons of light humanitarian cargo with support from 14 aircrafts to more than 80 destinations in the country (Ugwu, 2018) (as a comparison, UNHAS serves about 30 destinations in Afghanistan (WFP, 2016)).

The multiplicity of crises in South Sudan has up to this date caused an estimated 400,000 deaths (Ryan, 2019), and Africa's largest refugee crisis, with 4.2 million people having left their homes. Out of these, 2.2 million fled to neighbouring countries, and 2 million relocated to safer spaces within the country (UNOCHA, 2018). Some of those who fled within South Sudan sought refuge at UN peacekeeping bases, which resulted in the establishment of so-called Protection of Civilian (PoC) sites. This proximity to UN peacekeeping bases differentiates PoC sites from common settlements for internally displaced persons. In addition to the immense need for assistance, this is another key component which makes the humanitarian crisis in South Sudan unique: never before have camps been established on such a large scale within or directly next to UN premises, therewith also blurring the lines between military and civilian actors (Lilly, 2014; McLaughlin & Scalco, 2018). Currently, there are six PoC sites in the country, with the biggest ones being located in Bentiu and Malakal. In Juba, about 32,000 people live in the city's two PoC sites (IOM, 2019).

4.4 The situation for humanitarian workers

Complete data on number and composition of the humanitarian workforce in South Sudan do not exist. However, recent data released by the South Sudan NGO Forum count 116 INGOs employing 15,893 national and 1,449 international staff, and 214 NNGOs

employing 6,535 national and 393 international staff in the country. In total, South Sudan NGO Forum members employ 24,270 staff out of which 22,428 are nationals and 1,842 internationals (South Sudan NGO Forum, 2019). In addition to the local population, the violent chaos in South Sudan affects these and all other humanitarian workers operating in the country, too. This includes obstacles related to aid delivery as well as problems regarding their own safety, and the severe fighting in 2013 led aid agencies and diplomatic missions to evacuate their international workforce (Ploch Blanchard, 2013). History repeated in July 2016: the level of violence in Juba led once more to the evacuation of large parts of the international workforce based in the capital to neighbouring countries, particularly Uganda and Kenya (Deutsche Welle, 2016). It was also this wave of violence during which the so-called Terrain Hotel attack occurred. This attack left one national journalist dead, and five female international humanitarian workers raped by South Sudanese soldiers (Burke, 2018). Due to the tensions between the countries, soldiers specifically targeted Americans in their assaults (Spero, 2016). Further, more than 30 major attacks against civilian aid operations in 2015, more than 50 in 2016, more than 40 in 2017, and more than 50 in 2018 made South Sudan the most dangerous country for aid workers globally in four consecutive years (Stoddard et al., 2019). The number of deaths of humanitarian workers is at least 107 since the 2013 crisis outbreak (WHO, 2018). Given these circumstances, the UN classifies the duty station South Sudan as category "E" (the highest grade of difficulty regarding the conditions of work and life), and as "Non-family Duty Station" (dependents are not allowed to be present due to security and safety reasons) (International Civil Service Commission, 2019a, 2019b). These classifications come with a series of additional security measures, with the most prominent one being an imposed curfew for humanitarian workers. Since the July 2016 crisis, the curfew for those UN staff based in Juba is 19.00-6.00 hours. NGOs impose curfews, too, although most of these are less strict and currently allow staff to stay out until 20.00, 21.00, or even 22.00 hours in certain parts of the city. Regardless of the organization type, curfews in field locations are set at earlier hours.

Some organisations, especially UN entities, grant specific monetary allowances in response to the challenges attached to South Sudan. Examples are the "Non-family Ser-

vice Allowance" and "Hardship Allowance". Other typical benefits the UN and some NGOs grant are "Rest and Recuperation" (R&R) (additional, paid days of leave), and special safety and security measures, such as evacuation in case of need. However, if and to whom these and other services are available depends on the respective organisation. When asked about their views on organizational staff support, humanitarian workers based in the country voiced a strong need for improvements, particularly in the area of psychosocial support (Strohmeier et al., 2019).

Specific research on the effects of the hardship in South Sudan on humanitarian workers' mental health and their lived experiences does up to this date not exist. This is also the case for focused research on the provision of staff support in South Sudan from an organizational perspective, and the role of gender within the humanitarian sector. However, what is well documented is the high level of gender inequality in the country, which affects all spheres of life: gender-based violence is severe and widespread, and women in South Sudan have reduced access to education, formal employment, and decision-making and leadership at all levels (Oxfam International, 2017). It is reasonable to assume that these structures and the patriarchal values and beliefs of South Sudanese society spill over to the humanitarian sector, and influence working conditions and relations within organizations on site.

5 Findings: common mental health problems of humanitarian workers in South Sudan

This chapter presents the survey phase of this study. Focusing on the health impairment process of JDR theory, it addresses the first research question: "What can we say about common mental health problems among humanitarian workers in South Sudan with respect to prevalence and predictors?" I begin with the introduction of my hypotheses (section 5.1), followed by a methods section (section 5.2). This section captures information on the use of online surveys as data collection method, the applied survey procedure, survey participants, ethical considerations, the psychometric measures used, and the data analysis process. I then present the findings of the survey phase (section 5.3). This includes descriptive statistics and information on prevalence rates and predictors of common mental health problems obtained through regression analyses. I close this chapter with a discussion of these findings (section 5.4), and an overview of the limitations of this phase of research (section 5.5).

5.1 Hypotheses

Quantitative research usually starts out with hypotheses (Silverman, 2014). I derived the hypotheses for assessing prevalence and predictors of the five common mental health problems under examination – PTSD, depression, anxiety, hazardous alcohol consumption, and burnout – among humanitarian workers in South Sudan from JDR theory as theoretical framework of this study. JDR theory is highly flexible and widely used to assess employee health, especially in the context of cross-sectional research (Schaufeli, 2017; Schaufeli & Taris, 2014). It assumes that employee health results from a balance of negative job characteristics (demands) and positive job and personal characteristics (resources) (Schaufeli & Taris, 2014). Based on JDR theory, job demands included in this study's statistical models should thus be significantly positively related with the mental

health outcomes under examination. Job and personal resources should be significantly negatively related with these.

5.2 Methods

5.2.1 Online survey as research method

Survey research is commonly understood as "the collection of information from a sample of individuals through their responses to questions" (Check & Schutt, 2012, p. 160). Surveys are oftentimes used in psychology and social sciences, particularly when assessing human behaviour. They are useful in studying large populations with ease (Jones, Baxter, & Khanduja, 2011), and have been acknowledged as a well-established, rigorous research proceeding for decades (Ponto, 2015). Accordingly, conducting surveys is common practice in the field of humanitarian workers' mental health (e.g., Ager et al., 2012; Eriksson et al., 2013; Lopes Cardozo, Gotway-Crawford, et al., 2012; Lopes Cardozo et al., 2005; Lopes Cardozo et al., 2013).

Online surveys are a specific type of survey, which enables participants to complete questionnaires over the Internet. While this particular way of conducting surveys is comparatively new, it has developed into a popular and frequently used data generation method in academic research (Saleh & Bista, 2017). As other methods, online surveys come with a series of distinct disadvantages and advantages. Among the most notable disadvantages of online surveys are difficulties regarding access (e.g., limited Internet connectivity experienced by some participants), and difficulties regarding sampling (i.e., researchers' limited control over who completes the survey, and correctness of the information provided) (Wright, 2017). In addition, response rates of online surveys have overall been found to be lower than those of traditional survey forms, such as telephone or postal surveys (Sinclair, O'Toole, Malawaraarachchi, & Leder, 2012). Furthermore, as compared to survey situations where the researcher is present, online surveys do not provide the opportunity for clarifications and answering questions (Sincero, n.d.). However, given the complexity of this study's setting, and the sensitivity of the study topic, the advantages of online surveys outweighed these concerns: first, launching an online sur-

vey allowed humanitarian workers to participate in this research regardless of their duty station within South Sudan. Conducting an online survey facilitated countrywide coverage, which no other survey method would have. Second, launching an online survey granted participants anonymity, and allowed them to integrate research participation into their schedule: they were able to take the survey at a place and time convenient for them, and to take unrestricted breaks based on their personal needs. Third, launching an online survey was very cost and time effective, and reduced the chance for bias caused by manual coding procedures associated with traditional survey methods.

5.2.2 Procedure and participants

The Humanitarian Response Plan (HRP) is an important document prepared by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) for countries experiencing humanitarian crises and requiring assistance from the international community. The HRP outlines the needs of the respective country and population, and presents organizations' shared vision how to address these within the timeframe of one calendar year (UNOCHA, n.d.-a). In addition, each crisis country hosts one Humanitarian Country Team (HCT). Led by the Humanitarian Coordinator, the HCT is "a strategic and operational decision-making and oversight forum" which is "responsible for agreeing on common strategic issues related to humanitarian action" (UNOCHA, n.d.-b, p. 5). Comprised of members from the UN, INGOs, the International Organization for Migration (IOM), and the Red Cross/Red Crescent Movement (UNOCHA, n.d.-b), the HCT is "the top inter-agency humanitarian leadership body in a country" (ReliefWeb, 2017, p. 3).

Organizations participating in the 2017 South Sudan HRP and the 2017 South Sudan HCT constituted the sampling frame of the survey phase. Based on this, I identified 145 organizations, out of which I approached those 124 organizations for which contact details were obtainable. All 124 organizations received an individual email in April 2017, including an information sheet and requesting their support of the survey (Annex 1). To be included in the survey, organizations were required to have 10 or more staff employed in South Sudan, and to have operated in the country for one year or longer. In

line with the definition applied in this study, humanitarian workers eligible for survey participation were national and international staff, consultants and UN Volunteers who were employed by supporting organizations, and whose official duty station was located in South Sudan at the time of survey implementation.

I constructed the online survey in English (the official language in South Sudan), and pilot tested it in two rounds on humanitarian workers with work experience in South Sudan or other major humanitarian crises. I adjusted the survey based on the feedback received. The survey took approximately 45 minutes to complete, was launched in May 2017, and open for completion by eligible humanitarian workers for one month.

5.2.3 Ethical considerations

In any research, it is crucial to adhere to ethical standards in order to ensure the rights, dignity and well-being of participants (WHO, n.d.). I carefully considered the ethical concerns of this first phase of research. Most notably, these concerns included potential stress for participants caused by the filling out of self-reporting questionnaires included in the survey (e.g., through being reminded of traumatic events), and significant time commitments. I developed mitigation strategies (e.g., allowing participants to take breaks as per their convenience), and disclosed the ethical principles incorporated in this research in the Application for Ethical Approval for Research Projects of Queen Margaret University (QMU), Edinburgh. The Research Ethics Committee of QMU then reviewed the study protocol. Approval was granted on the basis of employing organizations being required to grant written permission following review of study goals and methods as outlined in the study information sheet received as part of the initial email I sent out (Annex 1). I obtained informed consent from all survey participants: prior to being able to access the survey, participants received encompassing information on the study objectives, proceeding, risks and benefits and were requested to confirm that they had understood these. Given that the study involved surveying employees (rather than patients) and no personal identifying information, and given the evidence of the lack of a currently functioning national research ethics committee (WHO, 2015), the applied proceeding was considered

the most appropriate means of securing necessary local approval consistent with country regulations.

5.2.4 Measures

5.2.4.1 Outcome variables

I measured five common mental health problems as outcome variables: PTSD, depression, anxiety, hazardous alcohol consumption, and burnout. The psychometric tools used to measure these outcomes were chosen carefully and based on previous research; their validity and reliability was established in many countries and occupational groups (e.g., Bovin et al., 2015; Meneses-Gaya, Zuardi, Loureiro, & Crippa, 2009; Poghosyan, Aiken, & Sloane, 2009; Renner, Salem, & Ottomeyer, 2006).

PTSD symptoms: I used the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) to measure PTSD symptoms (Weathers et al., 2013). The PCL-5 consists of a list of 20 problems ($\alpha = .93$) and requires participants to rank how much they have been bothered by these in the past month on a five-point Likert scale ranging from 0 ("not at all") to 4 ("extremely"). The established cut-off for provisional PTSD diagnosis established with PCL-5 is 33 (Weathers et al., 2013).

Depression/anxiety: The Hopkins Symptoms Checklist-25 (HSCL-25) was used. This tool comprises symptoms of strain that people sometimes have, whereby 10 items focus on anxiety ($\alpha = .92$), and 15 items on depression ($\alpha = .92$) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994). Participants rate how much each symptom has bothered them in the last month on a four-point Likert scale ranging from 1 ("not at all") to 4 ("extremely"). Mean scores of 1.75 and higher on the HSCL-25 are commonly recognized as predictive of clinical risk for depression and anxiety (Ventevogel et al., 2007).

Hazardous alcohol consumption: This was measured with the Alcohol Use Disorder Identification Test for Consumption (Audit-C) (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). This brief three-item alcohol screen focuses on the frequency and quantity of alcohol consumption ($\alpha = .64$). Audit-C test scores of 3 or more for women and 4

or more for men are considered positive, indicating a heightened risk for hazardous drinking/alcohol use disorder (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998).

Burnout: I adopted the Maslach Burnout Index Human Services Survey (Maslach & Jackson, 1986). Through a seven-point Likert scale, participants indicate how often they have job-related feelings related to emotional exhaustion (EE) (α = .85) and depersonalization (DP) (α = .83). Established cut-offs for high levels of burnout are 27 points and above on the EE subscale, and 13 points and above on the DP subscale (Maslach & Jackson, 1986). We excluded from analysis the responses for the sub-scale of personal accomplishment (PA), due to its marginal internal consistency as shown by Cronbach's alpha (α = .67) and due to its marginal relevance to the burnout syndrome (Hakanen & Schaufeli, 2012).

5.2.4.2 Predictor variables

I collected data on socio-demographic characteristics and nine main constructs based on their relevance in previous research and current thinking on the mental health of humanitarian workers (Ager et al., 2012; Eriksson et al., 2012; Eriksson et al., 2001; Eriksson et al., 2013; Lopes Cardozo, Gotway-Crawford, et al., 2012; Lopes Cardozo et al., 2005; Lopes Cardozo et al., 2013). These are stress levels and trauma exposure (job demands); perceived organizational work experience, organizational support, team cohesion (job resources); and perceived social support, spiritual transcendence, coping, and health habits (personal resources).

Stress Levels: These were measured through a list of 18 chronic stressors. Based on Ager et al. (2012) and adjusted to cover stressors specific to the South Sudan context, these include "uncertainty about political stability", "traffic difficulties", "excessive heat", and "separation from close relatives". Participants reported if they are currently experiencing these stressors or not. For each stressor they experience, participants rated the levels of stress it currently causes them on a scale ranging from 0 ("no stress") to 4 ("extreme stress"). A continuous variable was computed based on the rating of each stressor to reflect participants' overall exposure to chronic stress.

Trauma Exposure: I assessed this through a list of 25 traumatic events based on the Harvard Trauma Questionnaire (Mollica, 2004) and adjusted by covering events specific to the South Sudan context. This list included events such as "being expelled from the country", "being shot at", "serious road/vehicle accident", and "unexpected or premature death of family member or colleague". Participants indicated if they have witnessed, experienced, or not been exposed to these events in the past 10 years. The number of traumatic events witnessed and experienced was summed up to a composite score of trauma exposure ranging from 0 to 25.

Organizational Work Experience: Taken from previous work by Ager et al. (2012), four six-point scale items ranging from 1 ("strongly disagree") to 6 ("strongly agree") were used to assess participants' perceptions of work within their organization. Examples are "my organization encourages me to take vacation and sick leave", and "my organization helps to manage team conflicts effectively" ($\alpha = .72$).

Organizational Support: I used two sets of questions from Ager et al. (2012) and adjusted these to match the South Sudan context: The first set asked about the provision of 14 support items and benefits, such as communication equipment and health insurance. The second set asked about the provision of briefings and trainings on 11 topics, including stress management and security risks and protocols. Two composite scores were calculated reflecting the total sum of items and benefits, and trainings and briefings received.

Team Cohesion: Two scales were established to assess relationships among coworkers and with management based on four and six 5-point Likert scale questions, respectively (Bliese & Halverson, 1996). While the items on team cohesion among coworkers ($\alpha = .84$) focused on aspects such as spending time together outside office hours and considering colleagues friends, team cohesion with management ($\alpha = .86$) addressed topics such as micromanagement and interest in personal welfare. Scores on these scales ranged from 5-20 and 5-30.

Social Support: The selection of 12 4-point Likert scale questions extracted from the Social Provisions Scale used by Ager et al. (2012) was adopted. Ranging from 1

("strongly disagree") to 4 ("strongly agree"), a composite score was computed reflecting participants' perceived social support (α = .80).

Spiritual Transcendence: I took four questions from the Spiritual Transcendence Index developed by Seidlitz et al. (2002) to measure this concept. Participants indicated whether they are religious and/or spiritual and their level of agreement with statements such as "my spirituality gives me a feeling of fulfilment", and "I experience a deep communication with God", with 1 indicating "strong disagreement" and 6 "strong agreement" (α = .96).

Coping: The Brief COPE was used to assess coping strategies as suggested by Cooper, Katona, Orrell, and Livingston (2006). These are emotion-focused strategies (α = .78), problem-focused strategies (α = .81), and dysfunctional strategies (α = .80). Emotion-focused coping strategies involve the use of emotional support, positive reframing, acceptance, religion, and humour. Problem-focused coping strategies involve active coping, planning, and use of instrumental support. Dysfunctional coping strategies involve venting, denial, substance use, behavioural disengagement, self-distraction, and self-blame. The Brief COPE has been validated in many cross-cultural settings (e.g., Kapsou M, Panayiotou G, Kokkinos CM, & Demetriou AG, 2010; Yusoff N, Low WY, & Yip CH, 2010).

Health Habits: A health habits index was created based on previous work by Eriksson et al. (2012) and adjusted to the study at hand (i.e., items accounted for by other measures were excluded from this index to avoid duplication). This index summed positive responses for the following four items: consuming 10 or more servings of fruits, vegetables or their juices per week; less than seven servings of junk food per week; less than two servings of caffeinated beverages per day; and engaging in physical exercise three times or more per week. The score for this index ranged from 0-4.

5.2.5 Data analysis

To select predictors with the highest predictive power, I applied Least Absolute Shrinkage and Selection Operator (LASSO) regression. LASSO is a type of machine learning

that performs more stable and accurate variable selection than other commonly used methods, such as best subset selection, forward selection, backward elimination, and stepwise regression; it is the superior alternative (Flom & Cassell, 2007; James, Witten, Hastie, & Tibshirani, 2013; Leng, Lin, & Wahba, 2006). LASSO is especially suitable for large p small n datasets (Zhang & Huang, 2008), and selects fewer noise predictors than commonly used variable selection methods (Grogan & Elashoff, 2017). Given its unique features, LASSO is increasingly applied in mental health research, for instance on PTSD (Symes, Maddoux, McFarlane, & Pennings, 2016) and substance use (M. A. Bertocci et al., 2016).

As required for LASSO, I established six sub-sets of data, each including complete cases of one mental health outcome and all predictor variables. I randomly split these into training and test sets (50:50). Models for each mental health outcome were trained on the respective training set. To assess performance regarding prediction accuracy, I calculated mean squared errors (MSEs) for these models on the test sets. The MSEs of all sparse models established through LASSO were smaller than those of the models including all predictor variables. This confirms their better performance regarding prediction accuracy. To obtain final coefficients and perform inference I then ran linear regression analyses ("OLS post LASSO") on each data sub-set with the predictors selected through LASSO (Belloni & Chernozhukov, 2013; Zhao, Shojaie, & Witten, 2017). Regression analyses were undertaken with the package "glmnet" in R 1.0.143.

To control for family wise error rate (FWER), I considered applying the Holm-Bonferroni method – a less conservative method than the Bonferroni method – to the final models. However, the control of Type 1 error inflates Type 2 errors and thus may exclude interesting predictors. As stated by Armstrong (2014), such corrections should not be used routinely, and a large body of literature advises against FWER corrections, especially due to the high costs of missing possibly important findings (e.g., Rothman, 1990; StatisticalMisses.nl, n.d.). I thus decided to refrain from such adjustments.

5.3 Results

5.3.1 Survey participation

Forty-five organizations out of the 124 that I contacted confirmed their willingness to support the survey. This included 21 national NNGOs, 20 INGOs, and 4 UN entities, all of which fulfilled the inclusion criteria. One organization clarified being currently inactive in South Sudan, one anticipated being denied funding through the HRP, four declined the request, and 73 did not respond.

Based on information I received from supporting organizations, the number of humanitarian workers who had access to the survey was estimated to be between 2672 and 3238. A total of 277 humanitarian workers completed the survey (a response rate in the order of 10%). This rate is in line with comparable research undertaken through online surveys in conflict-affected states (e.g., Woodward, Sondorp, Witter, & Martineau, 2016), and the estimated average response rate for external online surveys (Fryrear, 2015).

About three quarters of survey participants were male (78%). Approaching half (48%) of participants were aged between 30-39, and 40% had a Bachelor degree as their highest level of education. A slight majority of participants were based in Juba (54%), classified themselves as national staff (52%), and were employed by INGOs (64%). Thirty-five per cent of participants worked as Managers/Coordinators, the largest job category for those completing the survey. These and further socio-demographic characteristics are presented in Table 5.1.

Table 5.1: Socio-demographic characteristics of the cohort

Variable		N	%
Duty station			
	Capital (Juba)	149	53.8
	Field	128	46.2
Gender			
	Female	61	22.0
	Male	216	78.0
Age			
	<30	51	18.4
	30-39	134	48.4
	40-49	67	24.2
	50+	25	8.1
Civil status			
	Single/separated/divorced/widowed	52	18.8
	In a committed relationship/married	223	80.5
Level of education			
	Secondary school / High school	19	6.9
	Higher vocational education/technical training	41	14.8
	University (BA)	112	40.4
	Postgraduate (MA, MSc, PhD)	105	37.9
Type of organization			
	National NGO	58	20.9
	International NGO	176	63.5
	UN entity	41	14.8
	Other	2	0.7
Contract type			
	National staff	144	52.0
	International staff	119	43.0
	Consultant	9	3.3
	UN Volunteer	5	1.8
Job function			
	Country Director / Head of Mission	18	6.5
	Manager/Coordinator (Programme or Operations)	96	34.7
	Technical/Programme	63	22.7
	Logistics	12	4.3
	Administrative	21	7.6
	Human Resources	15	4.3
	Other	52	18.8
Working directly with beneficiaries			
	No	93	33.6
	Yes	184	66.4

Previous humanitarian field assignments			
	10 or more	25	9.0
	5-9	49	17.7
	2-4	130	46.9
	1	46	9.7
	None	27	9.7
Years spent in South Sudan as humanitarian worker			
	<1	39	14.1
	1-2	41	14.8
	2-3	42	15.2
	3-4	27	9.7
	4-5	23	8.3
	5-6	23	8.3
	>6	82	29.6
Mental health history (received counselling or medication for emotional problem)			
	No	225	81.2
	Yes	46	16.6

Note: Effective n ranges from 271 to 277.

5.3.2 Chronic stress exposure

Participants were exposed to chronic stress; the average number of chronic stressors experienced was 16.31 (SD = 3.47), and the overall mean score on the stress level scale was 29.37 (SD = 14.04). The five stressors most frequently identified by participants as causing extreme stress related to the uncertainty about the political stability in the country (41%); travel difficulties, restrictions on movements, threatening checkpoints, and rough roads (38%); separation from close relatives due to work responsibilities (23%); armed security, needing to have armed guards at work or living place (19%); and feeling powerless to change the situation of the beneficiary community (17%) (Table 5.2).

Table 5.2: Humanitarian workers reporting extreme stress

Stressors	N	%
Uncertainty about the political stability	113	40.9
Travel difficulties, restrictions on movements, threatening checkpoints, rough roads	105	37.9
Separation from close relatives due to work responsibilities	63	22.9
Armed security, needing to have armed guards at work or living place	52	18.8
Feeling powerless to change the situation of the beneficiary community	45	16.5
Excessive heat, cold, or noise	44	15.9
Economic/financial problem	43	15.5
Workload expected by organization is too high	40	14.5
Feeling powerless to change one's own situation	38	13.9
Feeling hostility from others due to one's affiliation to a certain group (e.g. tribe, nationality, religion)	38	13.8
Lack of recognition from organization management for work accomplishment	36	13.1
Tension due to expatriate and national staff not treated equally by organization management	32	11.6
Being asked to perform duties that are outside of one's professional training or terms of reference	31	11.3
Lack of recognition from the beneficiary community for work accomplished	24	8.8
Conflicts or misunderstandings between co-workers	22	7.9
Criticism of work by media or beneficiary community members	20	7.2
Lack of direction from organizational management	18	6.5
Criticism of work by organization management	14	5.1

Effective n ranges from 273 to 277.

5.3.3 Coping strategies

Table 5.3 shows coping strategy mean scores of survey participants based on the coping strategies suggested by Cooper et al. (2006). As the normalized scores show, there were differences in the mean scores of the three coping strategies. The Wilcoxon signed rank test confirmed that participants practiced especially problem-focused coping, involving active coping, planning, and the use of instrumental support (problem focused > emotion focused: $W = 4033.5$, $p < 0.001$; problem focused > dysfunctional: $W = 270055$, $p < 0.001$).

Table 5.3: Coping strategies of humanitarian workers

Coping strategy	Normalized score	
	M	**SD**
Emotion-focused	0.63	0.15
Problem-focused	0.72	0.18
Dysfunctional	0.48	0.13

M = mean; SD = standard deviation. Effective n ranges from 253-261.

5.3.4 Mental health outcomes

Applying the established cut-off for provisional PTSD diagnosis, 24% of all survey participants experienced symptoms indicative of high risk of post-traumatic stress (Table 5.4). Disaggregated by contract type, 36% of national and 13% of international staff met symptom thresholds associated with a diagnosis of PTSD; this difference was significant [χ^2 (1, N=231) = 16.51, p < .001]. Disaggregated by gender, 25% of female and 21% of male participants reached scores suggestive of PTSD. This difference was not significant [χ^2 (1, N=244) = 0.004, p < .947].

Just over one-third (39%) of survey participants scored at or above the established cut-off suggestive of depression, and at or above the cut-off suggestive of anxiety disorder. I found a higher proportion of national staff meeting symptom thresholds associated with disorder than international staff: for the former 45% and 52% reached scores suggestive of depression and anxiety disorder, respectively; for the latter 35% and 24% reached these thresholds. While no significant association was found between contract type (national/international staff) and provisional depression diagnosis [χ^2 (1, N=244) = 2.62, p = .11], the association between contract type (national/international staff) and anxiety disorder was significant [χ^2 (1, N=247) = 20.65, p < .001]. Concerning gender, 51% of female participants and 36% of male participants scored at or above the established cut-off suggestive of depression, and this difference was significant [χ^2 (1, N=258) = 4.226, p < .040]. Further, more female (46%) than male (37%) participants met symptom thresholds associated with a diagnosis of anxiety. However, the association between gender (male/female) and anxiety disorder was not significant [χ^2 (1, N=260) = 1.441, p < .230].

A third of both female (36%) and male (35%) participants reached positive Audit-C test scores. Prevalence of reported hazardous drinking/alcohol use disorder was significantly higher amongst male international staff than male national staff [χ^2 (1, N=205) = 13.68, p < .001]: Twenty-five per cent of male national staff and 50% of male international staff reached Audit-C thresholds. Amongst women there was a similar trend, with 21% of female national staff and 41% of female international staff reporting drinking at levels suggestive of disorder. However, this difference was not significant [χ^2 (1, N=58) = 2.27, p = .13].

Based on the established cut-offs, 24% of all survey participants fulfilled the criteria for high burnout on the EE sub-scale, and 19% on the DP sub-scale. International staff reported higher rates of difficulty than national staff: 29% and 23% of international staff reached scores suggestive of burnout case on the EE and DP sub-scales respectively compared with 19% and 18% of national staff on these same sub-scales. The associations between contract type (national/international staff) and EE [χ^2 (1, N=237) = 3.72, p = .05] and contract type (national/international staff) and DP [χ^2 (1, N=250) = 1.03, p = .31] were not significant. Regarding gender, 35% of female and 20% of male participants reached positive EE scores. The prevalence of reported DP was almost the same for female (21%) and male (20%) staff. While the association between gender (male/female) and EE was significant [χ^2 (1, N=251) = 5.219, p < .022], no significant association was found between gender (male/female) and DP [χ^2 (1, N=263) = 0.080, p < .777].

All survey participants reported symptoms consistent with diagnosis of at least one of the mental health outcomes under investigation.

Table 5.4: Prevalence of common mental health problems among humanitarian workers

Outcome	Humanitarian workers	
	N	%
PTSD	59	24.2
Depression	101	39.1
Anxiety	100	38.5
Hazardous alcohol consumption men	76	35.2
Hazardous alcohol consumption women	22	36.1
Emotional exhaustion	59	23.5
Depersonalization	51	19.4

Effective n ranges from 61 to 264.

5.3.5 Regression analyses

Higher levels of chronic stress ($p<.001$) and trauma exposure ($p<.01$) were risk factors for PTSD: participants experiencing higher levels of stress and trauma being significantly more likely to report PTSD symptoms (Table 5.4).

Dysfunctional coping was significantly positively associated with depression ($p<.001$). Further, participants experiencing higher levels of chronic stress were significantly more likely to experience symptoms of depression than those who felt less stressed ($p<.001$).

The risk for anxiety increased with being a woman ($p<.05$). The number of years spent in South Sudan as humanitarian worker was significantly positively associated with anxiety symptomatology ($p<.05$). Anxiety was also significantly positively related with dysfunctional coping ($p<.01$) and exposure to stress ($p<.001$).

Hazardous alcohol consumption was significantly associated with duty station ($p<.01$); humanitarian workers based in the capital were at greater risk of engaging in hazardous drinking than those based in the field. Spiritual transcendence was negatively related to hazardous alcohol consumption ($p<.001$).

Table 5.5: Regression models for PTSD, depression, anxiety, and hazardous alcohol consumption among humanitarian workers

Outcome	**PTSD (n= 105)**	**Depression (n= 108)**	**Anxiety (n= 109)**	**HAC (n= 111)**
Predictors	**β±SE**	**β±SE**	**β±SE**	**β±SE**
Gender			-0.16±0.08*	0.15±0.08
Duty station				-0.22±0.08*
Years in South Sudan			0.18±0.08*	
Mental health history			-0.02±0.08	0.14±0.08
Spiritual transcendence				-0.32±0.09***
Perceived social support			-0.15±0.09	0.02±0.09
Org. support–benefits/ items				0.21±0.09
Team cohesion–management				0.01±0.09
Org. work experience			0.08±0.08	
Coping problem-focused			0.06±0.09	
Coping dysfunctional		0.37±0.07***	0.28±0.09**	0.14±0.08
Chronic stress	0.48±0.08***	0.52±0.07***	0.34±0.08***	
Trauma exposure	0.29±0.08***		0.16±0.09	

*PTSD = Posttraumatic Stress Disorder; HAC = Hazardous alcohol consumption; Years in South Sudan = Years spent in South Sudan as humanitarian worker; Org. support = organizational support; Org. work experience = organizational work experience. PTSD adjusted R^2 = .39; Depression adjusted R^2 = .46; Anxiety adjusted R^2 = .36; Hazardous alcohol consumption adjusted R^2 = .31; *p <.05; **p < .01; ***p< .001; β = standardized beta. An additional 12 predictors were included in LASSO regressions but had coefficients of zero for all outcomes. These predictors are age, education, civil status, contract type, organization type, job function, number of previous humanitarian field assignments, working directly with beneficiaries, coping emotion-focused, organizational support – trainings/briefings, team cohesion – co-workers, and health habits.*

In terms of burnout (Table 5.5), working directly with beneficiaries was associated with lower levels of EE (p<.01), while greater risk of EE was associated with higher levels of chronic stress (p<.01). Higher scores on DP were associated with chronic stress (p<.001). While higher levels of team cohesion with co-workers were associated with lower levels of DP (p<.05), higher levels of team cohesion with management were associated with higher levels of DP (p<.05).

Table 5.6: Regression models for burnout among humanitarian workers

Outcome	Emotional exhaustion (n= 104)	Depersonalization (n= 108)
Predictors	**β±SE**	**β ±SE**
Education	0.06±0.09	-0.15±0.10
Civil status	-0.05±0.09	
Contract type		0.14±0.09
Organization type	-0.16±0.09	
Duty station		0.03±0.10
Working directly with beneficiaries	-0.26±0.09**	-0.15±0.10
Mental health history		0.04±0.09
Spiritual transcendence	-0.18±0.10	
Perceived social support	-0.08±0.09	
Org. support–trainings/briefings	-0.15±0.09	
Org. work experience	-0.07±0.10	
Team cohesion–co-workers		-0.21±0.09*
Team cohesion–management		0.20±0.09*
Coping–dysfunctional	0.11±0.09	
Chronic stress	0.30±0.09**	0.39±0.10***
Trauma exposure		0.18±0.10

*Org. support = organizational support, Org. work experience = organizational work experience. EE adjusted R^2 = .27; DP adjusted R^2 = .20; *p <.05; **p < .01; ***p< .001; β = standardized beta. An additional nine predictors were included in LASSO regressions but had coefficients of zero for all outcomes. These predictors are gender, age, job function, number of previous humanitarian field assignments, years spent in South Sudan as humanitarian worker, organizational support–benefits/items, coping problem-focused, coping emotion-focused, and health habits.*

5.4 Discussion

5.4.1 The burden of mental health

My results suggest that humanitarian workers in South Sudan experience substantial levels of symptom burden of PTSD, depression, anxiety, hazardous alcohol consumption, and burnout. Differences in prevalence rates for national and international staff were significant for PTSD and anxiety, whereby a greater proportion of national staff met symp-

tom thresholds associated with these disorders. Differences were also significant for hazardous alcohol consumption among male staff. A greater proportion of male international staff reached positive Audit-C test scores. Gender differences in prevalence rates were significant only for depression and emotional exhaustion, whereby a greater proportion of women scored at or above the established cut-off suggestive of depression and emotional exhaustion.

It is challenging to identify reference groups for meaningful comparison of the established prevalence rates. In addition, comparing health measures across groups within a society and across different societies is – as well-known – problematic (Burgard & Chen, 2014). Nonetheless, the prevalence of symptoms indicative of high risk of post-traumatic stress I found among national staff (36%) is higher than the rates for mild or moderate forms of PTSD among South Sudanese refugees in northern Uganda (15-20%) (Adaku et al., 2016). It is lower than the prevalence consistent with PTSD diagnosis found among civilians from multiple locations across South Sudan (41%) (Amnesty International, 2016). The prevalence I found (36%) is also lower than that found among respondents based in the Malakal PoC side (53%) (Amnesty International, 2016). The proportion of South Sudanese national staff reaching scores above thresholds for anxiety (52%) is as high as that of Ugandan national staff operating in neighbouring Gulu assessed with the same tool (53%) (Ager et al., 2012).

Regarding international staff, the prevalence rates I found for PTSD and anxiety generally exceed those of western adult populations (Burri & Maercker, 2014; Kilpatrick et al., 2013; Remes, Brayne, Linde, & Lafortune, 2016). Likewise, they exceed the proportion of expatriate humanitarian workers in Kosovo who scored above cut-offs for PTSD (13% and 1%, respectively) and anxiety (24% and 9%, respectively) (Lopes Cardozo et al., 2005). The anxiety prevalence I found among international staff based in South Sudan also exceeds the rate established by Lopes Cardozo, Gotway-Crawford, et al. (2012) for post-deployment anxiety (12%) among humanitarian workers across countries.

Few studies reported rates of mental ill health for male and female humanitarian workers. Those studies that reported rates in gender-disaggregated format found hardly

any differences of PTSD, depression and anxiety among women and men (Armagan et al., 2006; Fouchier & Kedia, 2018; The Guardian, 2015). My finding is largely in line with this literature. However, it is contrary to the observed differences in prevalence of common mental health problems among women and men in the general population (WHO, 2002). Additional research is needed to explain this peculiarity.

To date, few studies have looked at alcohol consumption. The recent study by Jachens, Houdmont, and Thomas (2016) investigated alcohol consumption among humanitarian workers, including national and international staff. Using the same measure that I used, this study found that 18% of all female and 10% of all male participants engaged in hazardous drinking (Jachens et al., 2016). Lopes Cardozo et al. (2005) reported prevalence of hazardous alcohol consumption for national and international staff (3% and 16%, respectively), but neglected disaggregation by gender. The prevalence rates I found among female humanitarian workers in South Sudan, and male national and international staff (36%, 25% and 50%, respectively) all exceeded the rates established by these studies.

5.4.2 Trauma and chronic stress

Based on the categorization of stressors proposed by Blanchetière (2006), the top five stressors identified by study participants fall into the categories of situational stressors (e.g., 'Uncertainty about the political stability') and personal risk factors (e.g., 'Separation from close relatives due to work responsibilities). This pattern is, by and large, in line with findings on stressors assessed by UNHCR and UNICEF's all staff surveys (UNICEF, 2009; Welton-Mitchell, 2013). However, my findings differ from those produced by other studies regarding the categories of job-related stressors and organizational and management stressors. Stressors in these categories, particularly heavy workload, ranked high in previous research (e.g., Ager et al., 2012; Eriksson et al., 2013; Lopes Cardozo et al., 2013; UNICEF, 2009; Welton-Mitchell, 2013), but were not among the top five stressors identified by this study's participants. The worsening economy in South Sudan caused the country's crime rate to increase tremendously in the months prior to the survey, especially in Juba. As a consequence, incidents such as carjacking, armed robbery

and compound invasion started to occur more frequently, including during daytime (OSAC, 2017). This likely explains participants' strong focus on situational concerns.

Although experience of traumatic events was associated with elevated symptoms of PTSD, it was chronic stress exposure that was most consistently associated with mental health problems. This confirms my hypothesis from consideration of the JDR model that job demands are significantly positively associated with mental health problems, and identifies chronic stress as key job demand in the context of humanitarian work. My finding is in line with results from other research on the impact of stress versus major life events in adult population samples (Coral L. Ruffin, 1993). It also reinforces the results of previous work that emphasized the cumulative effect of daily stress in contexts of conflict and instability (Ager et al., 2012; Eriksson et al., 2012; Miller & Rasmussen, 2010). Previous research on humanitarian workers' mental health has a strong concentration on trauma exposure (and PTSD as the corresponding "signature" disorder) (e.g., Connorton et al., 2012; Holtz, Salama, Cardozo, & Gotway, 2002; Lopes Cardozo et al., 2005). Future studies should consider integrating an increased focus on the effects of chronic stress. Further, while exposure to traumatic events and especially chronic stress is inevitably a characteristic of the operating environments of humanitarian workers, there is a clear case for preventive measures addressing security and work conditions on the basis of my finding.

5.4.3 Coping and spiritual transcendence

The dominant coping style among study participants was problem-focused coping, involving active coping, planning, and use of instrumental support. This is in line with the majority of findings that emerged from the literature on humanitarian workers' coping strategies (e.g., Alexander, 2013; Curling & Simmons, 2010; Young et al., 2018).

Surprisingly, I found no significant association between emotion-focused and problem-focused coping strategies and mental illness. This is contrary to expectations from studies with other population groups using the same measure that found significant relationships between one or both coping strategies and depression or anxiety (Cooper, Katona, Orrell, & Livingston, 2008; del-Pino-Casado, Perez-Cruz, & Frias-Osuna,

2014b). The positive relationship I found between dysfunctional coping and depression and anxiety is in line with these studies (Coolidge, Segal, Hook, & Stewart, 2000; Cooper et al., 2006). Specifically with expatriate humanitarian workers, Eriksson et al. (2012) found a significant positive association between avoidant coping and PTSD, anxiety, and depression. Lopez Cardozo et al. (2013) found using an avoidant coping style to be significantly associated with more anxiety among national humanitarian workers. These findings suggest potential for addressing coping strategies adopted by humanitarian workers. However, establishing appropriate, protective forms of coping in humanitarian settings may be challenging. Coping strategies in situations of conflict may, as suggested by recent work in conflict-affected populations (Cherewick, Doocy, Tol, Burnham, & Glass, 2016), require distinct adaptation to be effective.

I found the concept of spiritual transcendence Seidlitz et al. (2002) to be negatively associated with hazardous alcohol consumption, indicating that humanitarian workers with higher spirituality are less likely to engage in such harmful behaviour. This finding matches outcomes from similar occupational groups (Stephen J. Ganocy et al., 2016).

My hypothesis that personal resources are significantly negatively associated with mental health problems holds in parts: while none of the coping styles lead to resiliency, the expected effect of personal resources as per JDR theory applies to the construct of spiritual transcendence.

5.4.4 Team cohesion, staff support, and work experience

The association of higher levels of team cohesion with co-workers with lower levels of depersonalization reinforces the value of establishing effective team working in high-stress environment suggested in other work (e.g., Ager et al., 2012). However, it was unexpected that higher team cohesion with management was associated with higher rather than lower levels of depersonalization. A possible explanation is that in the humanitarian worker sample at hand, depersonalization was most prevalent among Managers/Coordinators. It is well known that burnout has a spill over effect and aspects associated with depersonalization, such as pessimistic attitudes towards beneficiaries, can

spread from managers to team members (de Beer, Scherrer, & Rothmann, 2017). It was also unexpected that neither organizational staff support nor organizational work experience was significantly associated with mental ill health. My hypothesis derived from the JDR model that job resources are negatively associated with mental health problems is thus partially fulfilled.

5.4.5 Socio-demographic factors

The observation that working directly with humanitarian aid beneficiaries was associated with lower not higher levels of emotional exhaustion points to the stresses in this environment associated with managerial and coordination functions, too. The fact that duty station was associated with hazardous alcohol consumption can most readily be attributed to the fact that Juba – the capital – provided far easier physical and social access to alcoholic beverages (e.g., Kavanagh & Krnjacki, 2011).

On the basis of studies in other humanitarian settings (e.g., Ager et al., 2012; Eriksson et al., 2012; Lopes Cardozo, Gotway Crawford, et al., 2012; Lopes Cardozo et al., 2005), I had anticipated further socio-demographic characteristics to explain variance in the mental health outcomes. However, while this study found some of the differences in the established prevalence rates for national and international staff to be significant during bivariate analyses, contract type was not a significant predictor during multiple regression analyses. Previous research reported diverse results regarding gender as predictor of mental health problems (Strohmeier & Scholte, 2015). This study found few of the differences in the established prevalence rates for male and female staff to be significant during bivariate analyses, and gender was only significantly associated with anxiety during multiple regression analysis. This is surprising, given that risk factors for common mental health problems specific to gender, particularly gender-based violence and sexual harassment, are widespread within humanitarian communities (e.g., "Secret aid worker", 2015a; Wall, 2015), and have also been observed in South Sudan (Burke, 2018; Norbert, 2016). In light of this and previous studies with humanitarian workers that have been inconstant in their findings on gender (e.g., Ager et al., 2012), more research in this area is needed on this.

5.4.6 The relation of surprising findings and validity of the measures used

While the previous sections discussed the findings in light of existing knowledge and theory, the validity of the measures used – that is their ability to measure what they are intended to measure – may have an impact on the findings, too. As mentioned before, the measures were validated for diverse countries and occupational groups – but not for the specific context of humanitarian workers in South Sudan. One surprising finding for instance was that social support was not significantly associated with mental illness. The Social Provisions Scale I used to measure social support does not consider the geographic distance/proximity to trusted people, neither the (lack of) opportunities to connect with them, thus neglecting the question to what extent social support was actually accessible vs. theoretically available (i.e., humanitarian workers may generally enjoy social support but be based in remote field bases with limited communication opportunities, challenging time differences, etc.). Refining the scale towards measuring the practical accessibility of social support (vs. the theoretical existence thereof), and clearer instructions towards this end accompanying the questionnaire, could help understanding this finding better. Similarly surprising was that organizational support, including trainings/briefings and benefits/items, was not associated with mental illness. The tools used to measure organizational support focused on availability, but did not consider the quality of the services provided, neither the uptake thereof (e.g., making use of counselling options). A more nuanced version of these measures considering quality and uptake of services may provide an enhanced understanding of the relation between organisational support and mental illness. Surprising was also that team cohesion with management was associated with higher and team cohesion among co-workers with lower levels of depersonalization. While it does not explain the finding as such, a close look at the tool used to measure team cohesion with management shows that it focuses more on a hierarchical, one-directional relationship in terms of care and concern from management about staff. The tool used to measure team cohesion among co-workers however focuses on personal, friendship-like relations between colleagues. It is worthwhile to reconsider if the tool used to measure team cohesion with management indeed measures interpersonal bonds as

intended. Finally, it was surprising that gender was only significantly associated with anxiety. This finding can barely be explained in relation to the validity of the measures used.

5.4.7 Applicability of JDR theory

The first part of my study, the survey phase, focused on the health impairment process of JDR theory. The theory lent itself well as a framework to test associations between job demands, job resources, personal resources, and strain in the form of predictors of common mental health problems among humanitarian workers. Although some hypotheses held only true in parts, my findings were overall consistent with the relevant JDR propositions: all job characteristics could be divided into job demands and job resources (proposition 1), job demands were indeed associated with health impairment (porposition 2), and personal resources played a similar role to that of job resources in terms of resiliency (proposition 5).

5.5 Limitations

The survey phase has four main limitations. First, the cross-sectional survey design does not provide a basis for establishing cause-effect relationships. However, undertaking cross-sectional research facilitated determining prevalence rates and was useful with regards to establishing associations. Further, undertaking cross-sectional research is in line with the commonly applied approach to study the mental health of humanitarian workers (e.g., Ager et al., 2012; Eriksson et al., 2013; Lopes Cardozo et al., 2005; Lopes Cardozo et al., 2013). Second, I could not conduct clinical interviews to establish psychiatric diagnosis. Instead, I used screening tools that have exhibited strong psychometric properties in many settings and have been shown to be suggestive of rates of clinical disorder (e.g., Bovin et al., 2015; Meneses-Gaya et al., 2009; Poghosyan et al., 2009; Renner et al.,

2006). Third, the sample may not be fully representative of the humanitarian community in South Sudan. Although data on the composition of the humanitarian community in South Sudan are scarce, recent estimates suggest that national staff make up 92% of the NGO staffing (South Sudan NGO Forum, 2017), in line with the global estimate of 90% of the humanitarian workforce in field locations (Stoddard et al., 2011). By contrast, the sample at hand comprises of 52% national and 43% international staff. However, the sample at hand reflected the humanitarian community well in other regards, such as the greater proportion of male humanitarian workers and level of education: men made up the majority of the sample and most had a University degree, in line with related studies on humanitarian workers (e.g., Connorton et al., 2012; Eriksson et al., 2001; Lopes Cardozo et al., 2005). Lastly, the low survey response rate clearly raises cautions regarding the generalizability of the study results, and further research is required to confirm our findings. Organizations repeatedly identified limited Internet access as a hurdle, especially for field-based staff. The English language in which the survey was conducted may have presented an additional barrier for participation for some staff. However, the response rate is well in line with response rates typically received by online surveys (Fryrear, 2015; Sinclair et al., 2012).

6 Findings: the lived experiences of international humanitarian workers in South Sudan

This chapter presents the focused qualitative phase of this study. It addresses research question 2, "What are the lived experiences of international humanitarian workers in South Sudan, particularly with respect to gender?" I do so through undertaking a multi-perspective study on two groups – male and female international humanitarian workers – using Interpretative Phenomenological Analysis (IPA). Thus, in the light of JDR theory, this research phase investigates components of the health impairment process and the motivational process, and provides space for the discovery of underlying mechanisms based on humanitarian workers' lived experiences.

I begin this chapter with introducing IPA and all relevant steps related to data collection and analysis (section 6.1). This includes information on the inclusion criteria and sampling strategy, interview schedule and process, data analysis, and reflexivity as an important process in the context of this focused qualitative phase of research. I then present the research results (section 6.2). The subsequent discussion compares and contrasts the experiences of male and female international humanitarian workers and embeds the findings into the literature (section 6.3). I close this chapter with an overview of the limitations of this phase of research (section 6.4).

6.1 Methods

6.1.1 Interpretative Phenomenological Analysis

IPA is a method developed to conduct qualitative research in the field of health psychology and has its roots in phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014). It is based on the assumption that human beings formulate their personal biographical stories in a way that makes sense to them rather than passively perceiving an objective reality: "IPA assumes that participants seek to interpret their experiences into some form that is understandable to them" (Brocki & Wearden, 2006, p. 88). Given this,

the researcher aims at accessing participants' "lifeworlds" – their personal world of lived experience. It is thus particularly suitable for the study of complex and emotionally laden topics. However, the method also acknowledges that such access depends on and is complicated by the individual conceptions of the researcher, which, at the same time, are central for reflection and analysis of the articulated experiences and thoughts in light of existing theories (Smith & Osborn, 2015).

Samples for IPA research are small to prevent loosing "potentially subtle inflections of meaning" (Collins & Nicolson, 2002, p. 626). Multi-perspective studies, that is comparisons between groups, are possible but considered a sophisticated approach that is much more demanding (Hefferon & Gil-Rodriguez, 2011; Smith, Flowers, & Larkin, 2009). With regards to the number of participants, less is more in IPA: contrary to other qualitative methods, such as grounded theory and thematic analysis, fewer participants analysed in greater depth is preferable to a greater number of participants analysed in a superficial manner. Accordingly, typical sample size recommendations in the literature advocate for a small number of participants (Hefferon & Gil-Rodriguez, 2011). However, multi-perspective studies – in the context of the study at hand this means the study of the perspectives of male international humanitarian workers versus those of female international humanitarian workers – require a slightly larger number of total participants than single group studies (Hefferon & Gil-Rodriguez, 2011). For instance, samples of published IPA multi-perspective doctoral dissertations capture six (Hemming, 2017) and ten (Lalonde, 2014) participants in total. While each group ideally consists of the same number of participants, it is well possible to undertake multi-perspective IPA in the context of unequal group sizes (e.g., Lalonde, 2014; Xuereba, Shawa, & Lane, 2016).

Participants for IPA research are recruited through purposive sampling and selected based on similarities; the aim is to establish homogenous groups with regard to relevant variables to facilitate meaningful comparison and identify research topic related similarities and differences within and between groups. The degree to which samples need to be homogenous depends on interpretative concerns (i.e., the degree of variation/similarity that can be controlled throughout the analysis of the phenomenon) and pragmatic considerations (i.e., challenge/ease of recruiting participants and frequency of the phenomenon)

(Pietkiewicz & Smith, 2014; Sanders, 2010). Regarding multi-perspective studies it is of particular importance that the groups are well-matched (Smith et al., 2009).

IPA generates data mainly through analysis of semi-structured interviews based on short interview guides reflecting a set of broad questions (Hefferon & Gil-Rodriguez, 2011; Pietkiewicz & Smith, 2014). Due to the small sample size and homogeneity of the groups, the results from IPA data analysis are not generalizable. Rather, they are richly informative and illuminating at the micro-level, and provide detailed insights into topics rarely studied. As such, the results of IPA research have the potential to inform theory as well as health policy and practice (Biggerstaff & Thompson, 2008; Brocki & Wearden, 2006).

6.1.1.1 Phenomenology

As mentioned, one of the three theoretical underpinnings of IPA is phenomenology. This theory goes back to the thinking of Edmund Husserl, and takes experience as a starting point to understand the world. Specifically, phenomenological theory assumes that human beings attempt to make sense of all their experiences. The central argument thereby is that people do not experience the physical world as it actually is in its "pure" state, but rather "that the world we experience is an *interpreted* world that has been shaped by both in-built biological invariants and by the experience-based values, beliefs, attitudes and biases and the embodied affects which accompany them" (Spinelli, 2005, p. 202). One important aspect thereby is the concept of intentionality, adopted from Franz Brentano. Intentionality, as understood in phenomenological theory, describes the interrelation between consciousness and reality; it is the process in which human beings experience the world in form of objects. How these are perceived depends on previous influences of the world on us. Given that this process happens prior to any introspective reflection, it is impossible for human beings to know the "ultimate reality".

Phenomenological theory plays an important role in psychology, where it is mainly concerned with questions related to experience and meaning, and lived experience (Spinelli, 2005). IPA as an established qualitative approach in psychology draws from

phenomenological theory in that its focus is very much on personal perceptions rather than objective accounts of events.

6.1.1.2 Hermeneutics

Hermeneutics, the theory of interpretation (Ashworth, 2008), is the second philosophical foundation of IPA. The roots of hermeneutics go far back in history and originally derived from Greek mythology and Zeus' son, Hermes, who interpreted messages and served as mediator between the gods and the gods and humans. However, as the story of Hermes indicates, interpretation and translation bear challenges given their dependence on the perspectives, assumptions and goals of the interpreter (Kerdeman, 2014); interpretation and translation are highly subjective processes.

Since these early stages, hermeneutics received the attention from numerous theologians and philosophers over time, particularly during the 18th and 19th century from Dilthey, Ricoeur, and especially Schleiermacher, Heidegger, and Gadamer. During this time, hermeneutics was strongly linked to the interpretation of text, particularly Biblical text. Numerous variations of hermeneutic philosophy and methods resulted out of this discourse (Higgs, Paterson, & Kinsella, n.d.). In essence, however, hermeneutics remains the theory of interpretation (Ashworth, 2008), and hermeneutic investigation refers to detecting "meanings and intentions that are, in a sense, hidden in the text" (Crotty, 1998, p. 91).

In research, hermeneutic approaches affirm subjective interpretation and aim at gaining a deep understanding; indeed, understanding is commonly more essential than explaining in hermeneutics (Higgs et al., n.d.). Hence, the discipline forms the opposite of approaches that claim objectivity, especially quantitative methods ("Hermeneutic research", 2010). Hermeneutic practice commonly involves accessing or producing text in relation to the phenomenon of interest, such as transcriptions from oral interviews. Subsequently, the interpretation of this text follows (Higgs et al., n.d.). In the specific context of IPA, the literature often refers to the analytical process as a "double hermeneutic process": participants' first make meaning of their world, which the researcher then

attempts to decode. As such, the researcher focuses on understanding what an experience is like from the participants' point of view, while still probing and asking critical questions. These two steps are also referred to as "empathic hermeneutics" and "questioning hermeneutics" (Pietkiewicz & Smith, 2012; Smith et al., 2009).

6.1.1.3 Idiographic theory

Idiographic theory is the third theoretical orientation IPA draws from. Wilhelm Windelbald was the first to differentiate between idiographic, or elemental, and nomothetic, or generalizing, theory in the late 19th century. Windelbald's objective was to replace the distinction between science of the mind ("Geisteswissenschaften") and natural science ("Naturwissenschaften") as made by philosopher Wilhem Dilthey. His objective was to adequately accommodate the new field of psychology – a field that relies on experimental methods as natural sciences do, but a science of the mind with regards to its subject matter (Russel, 2006).

The term "idiographic" stems from the Greek word "idios". It means "pertaining to self; one's own, private or separate" (Pagnini, Gibbons, & Castelnuovo, 2012). Accordingly, idiographic theory is about analysing the phenomenon in question in great detail. The focus thus is on the unique individual experience and perspective; the centre of attention is the particular rather than the universal. This entails that each and every case must be explored with great care, before moving to comparisons, the identification of patterns, and formulation of general statements and conclusions (Pietkiewicz & Smith, 2014).

Up to this date, idiographic theory plays an important role in research. As Russel (2006, p. 84) put it: "In any science, much of the best work is at the idiographic level of theory making." With regards to IPA, the idiographic components are that the phenomena under study and the experience thereof are analysed through an inductive, bottom-up approach, rather than classified into pre-existing categories (Division of Counselling Psychology, n.d.). IPA is concerned with unique or particular events; it specifically focuses on "how a particular experience has been understood from a particular perspective in a particular context" (Smith et al., 2009, p. 37). This allows the researcher to make

specific statements about individual participants. With regards to studying groups of participants, the idiographic approach manifests in that the researcher switches between the identified themes and exemplifies these with quotes from participants' individual stories and compares and contrasts these (Pietkiewicz & Smith, 2012). The presentation of verbatim examples is a central component of IPA indeed, which also allows the reader to evaluate if and to what extend he agrees with the researcher's interpretation (Smith, 2011).

6.1.2 Data collection and analysis

6.1.2.1 Preliminary inclusion criteria and sampling strategy

As required for IPA, I aimed at establishing a homogenous sample of male and female humanitarian workers. Towards this end I formulated tentative inclusion criteria prior to the fieldwork. These were based on personal experience and knowledge of the study setting, previous research on humanitarian workers, and ethical considerations:

- Contract type: international humanitarian workers (global North);
- organization type: INGO;
- duty station: Juba;
- experience in South Sudan: 1-4 years;
- age range: 30-39; and
- mental health history: no current counselling or medication for mental health problem.

I decided to focus on international, rather than national, humanitarian workers for reasons related to access: for me, international humanitarian workers were the easier to reach occupational sub-group in Juba – an already challenging environment for field research as outlined in Chapter 4 of this study. Amongst others, national staff tend to com-

mute long ways from and to work by public transport as they usually reside in the capital's suburbs. Due to personal commitments and for security reasons, most national staff are on a tight schedule and leave work as early as possible. Given established security regulations which I followed for my own safety (i.e., not to leave certain parts of Juba in the evening hours), this circumstance in itself would have made meeting in a protected space before or after office hours in most cases impossible.

The choice to focus on humanitarian workers employed by one organization type only was based on the common knowledge that differences exist between organization types (i.e., UN, INGO, NNGO) with regards to relevant aspects, such as organizational staff support (Ager et al., 2012). I selected INGOs given that the vast majority of survey participants (64%) worked for INGOs.

A combination of reasons influenced my decision to geographically limit the field research to Juba. These include the different work and living conditions for humanitarian workers in the capital and in field duty stations, the higher risk of encountering security issues outside the capital, and logistical challenges connected with undertaking research in the field (e.g., based on experience I know that securing tickets for UNHAS flights is challenging, especially without holding an important office or proving the necessity of the trip for the humanitarian response in the country).

Setting a minimum and maximum time spent in South Sudan seemed important: I chose a minimum of one year to ensure sufficient exposure to the environment, and a maximum of four years to exclude those humanitarian workers who had been in the country prior to the 2013 crisis which, as elaborated before, marked a turning point in the country's short history.

Age is a variable commonly controlled for in research, including research on humanitarian workers. Age also influences decision-making power in formal settings in South Sudan (Global Affairs Canada, 2018). I defined the threshold based on the results from the survey phase: almost half of the survey participants were between 30 and 39 years old, suggesting a large part of the humanitarian workforce belonged to this age category.

I included the requirement "Mental health history: no current counselling or medication for mental health problem" for ethical reasons. The objective hereby was to protect potentially vulnerable humanitarian workers, and avoid recalling memories and other triggers that may adversely impact their condition.

In case recruitment of participants on the basis of these criteria turned out to be difficult, I established a contingency plan based on a less restrictive set of inclusion criteria. This set included the following components:

- contract type: international humanitarian workers;
- duty station: Juba;
- experience in South Sudan: minimum of six months; and
- mental health history: no current counselling or medication for mental health problem.

Indeed, the recruitment of participants on site turned out to be challenging, especially at the beginning of the fieldwork. Thus, I applied the less restrictive set of inclusion criteria while in Juba. This proceeding simplified the recruitment of participants tremendously and facilitated the establishment of a pool of participants through application of the so-called "snowball sampling strategy". Snowball sampling is a commonly used strategy to recruit participants for IPA studies (Alase, 2007). It is a well-known, efficient, non-probability strategy that relies on referrals. With regards to my study this meant that the first humanitarian worker who had agreed to participate in the study was requested to name other humanitarian workers who may be interested in being interviewed. I then contacted these nominated humanitarian workers, introduced the study, and invited them to participate, given their eligibility based on the less restrictive set of inclusion criteria.

6.1.2.2 Ethical considerations

As with the survey phase, I carefully analysed ethical concerns prior to undertaking the field research. Again, significant time commitments and being reminded of traumatic

events were among the main concerns. Considering questions related to the anonymity of participants was of particular importance in the context of this research phase, too. I outlined these and other concerns, formulated corresponding mitigation strategies, and reflected on the ethical principles incorporated in this focused qualitative phase of research. The Research Ethics Committee of QMU reviewed and approved my Application for Ethical Approval for Research Projects. Prior to the interview, each interviewee received an encompassing information sheet on the study. I obtained informed consent before starting the interviews.

6.1.2.3 Interview process and inclusion criteria for data analysis

I conducted semi-structured face-to-face interviews with 20 international humanitarian workers (10 men and 10 women) in Juba. Two humanitarian workers approached for the study considered participation but did not get back to me. All other humanitarian workers willingly participated in my study. The interviews took place within the timeframe of four weeks between January and February 2018. To build rapport, I shared information on my dual background as researcher and consultant for humanitarian and development organizations, including work duties in South Sudan since 2015, and met with interviewees at a date, time and place in Juba convenient for them. While this included private spaces on office premises, most humanitarian workers chose to get together in restaurants and bars after work or on weekends when they had more time and felt comfortable to speak openly. The interviews were based on an interview schedule I developed to address the second research question on humanitarian workers' lived experiences (Annex 2). In line with this interview schedule, humanitarian workers were asked open-ended questions on four constructs: "The humanitarian space of Juba", "Identity-related factors influencing one's experience", "Rewards and challenges", and "Humanitarian work and mental health". I did not impose a rule on the length of the interviews, and applied flexibility regarding the sequence of questions. I asked humanitarian workers to share what they considered important, facilitating the emergence of unexpected topics.

A careful screening of interviewees' socio-demographic characteristics after conclusion of the fieldwork revealed a high level of heterogeneity – a state to be avoided in the context of IPA. As expected, the interview data and my observations on site confirmed that factors such as age, nationality, organization and experience play an important role for their lived experience. For example, some older interviewees commented on the poor behaviour of their younger colleagues, while many younger humanitarian workers complained about their older colleagues' conservative approaches to the job. Nationality also structured risks and social interactions in humanitarian work: intensive political tensions put Americans at a heightened risk during the 2016 crisis (Patinki, 2016), and "Anti-America" demonstrations were held by South Sudanese in Juba during the time of fieldwork. Some African humanitarian workers considered the fact that most humanitarians, especially those in leadership positions, were white as appalling. UN and NGO staff operated under significantly different conditions, for instance regarding curfew, mobility, and R&R regulations. I added a specification on education, as one interviewee emphasized that holding a PhD opened doors and signalled solid commitment due to her high level of education. Consequently, I adjusted the set of inclusion criteria retroactively in a way that balanced homogeneity and sample size. The following reflects the final set:

- contract type: international humanitarian worker;
- duty station: Juba;
- experience in South Sudan: minimum of six months;
- organization type: INGO;
- nationality: European citizen;
- age range: 25-35;
- education: Bachelor's degree (BA) / Master's degree (MA);
- mental health history: no current counselling or medication for mental health problem;

Out of the pool of 20 humanitarian workers I interviewed, four men and six women fulfilled these criteria and were included in the data analysis process (Table 6.1). I excluded from data analysis six men and four women, 36-65 years of age, those educated at PhD-level, those who were from diverse countries in North America, Asia, Africa, or Latin America, and/or employed by the UN. Where applicable, I return to these interviews in the discussion section to provide additional context of the study and explain the findings. I change interviewees' names to protect their anonymity.

Table 6.1 Selected characteristics of humanitarian workers

		Pool of humanitarian workers (n=20)	**Study participants (n=10)**
Gender	Female	10	6
	Male	10	4
Age	<35 years	16	10
	>35 years	4	0
Degree	BA/MA	18	10
	PhD	2	0
Nationality	African	3	0
	Asian	1	0
	European	12	10
	American	4	0
Years in South Sudan	<1	5	2
	1-2	4	3
	2-3	6	4
	>3	5	1
Organization	iNGO	18	10
	UN	2	0
Position	Country Director	4	3
	Manager/ Coordinator	6	3
	Technical staff	8	3
	Other	2	1

6.1.2.4 Data analysis

IPA does not prescribe a single way of analysing data; the method grants flexibility to the researcher (Smith et al., 2009). However, as outlined by Smith et al. (2009), there are key steps a typical IPA data analysis process includes. I applied these key steps to the analysis at hand:

First, audio files were imported into NVivo12 and thoroughly transcribed. NVivo is a powerful software package that aids researchers in transcribing, coding and analysing qualitative data (QSR International Pty Ltd, n.d.). Using this software is an efficient way of dealing with rich text data, such as the data at hand (Zamawe, 2015). In a second step, and in line with the idiographic component of IPA, I read each of these transcribed interviews carefully multiple times. The objective of this step was to establish deep familiarity with each individual case; this early stage of the data analysis process was about immersing into participants' worlds. I wrote down my immediate thoughts in a notebook. Then, as a third step, I added thought-out comments on participants' statements. This involved thorough line-by-line analysis of each transcript, and included referencing similarities, differences, and contradictions between individuals within each group. The objective of the fourth step was to bring structure into these newly generated data. It focused on the comprehensive notes and comments written down in earlier steps and centred on the searching for broader connections and patterns among them. The result of this process was the development of themes for each group. The fifth and final step of the data analysis aimed at the formulation of subordinate themes. This facilitated a more refined and differentiated insight into participants' lifeworlds. This step also included the preparation of a summary table that reflects all themes and sub-themes for the two groups of male and female humanitarian workers.

With each step of this data analysis process, the distance to participants' original accounts increased and interpretation became more central. This reflects especially the phenomenological and hermeneutical components of IPA: data analysis as dynamic activity and joint effort based on participants' articulation of experiences, and the researcher's interpretation thereof (Smith et al., 2009).

6.1.3 Informal conversations and observations

Complementary to the formal interviews undertaken, I held multiple informal conversations with informants in Juba. These informants were selected purposively and opportunistically: most of them held positions of particular relevance to my research, such as security advisor, staff counsellor, and senior manager. Other informants I held informal conversations with had spent a significant amount of time in South Sudan or other African countries and were able to share additional information based on these experiences. These conversations did not follow an interview guide and were not recorded. They emerged out of context and I either took notes during the conversation, or remembered important details and noted them down later on. Where applicable, I reflect these accounts in the discussion section of this chapter. I change informants' names to protect their anonymity. Furthermore, and where applicable, I incorporate personal observations from my month of field research in Juba in the discussion section.

6.1.4 Reflexivity

Qualitative research acknowledges that the researcher has an impact on the course of the study, rather than being objective and removed from the study process (Palaganas, Sanchez, Molintas, & Caricativo, 2017). This concept is called reflexivity. Reflexivity is a very important component of IPA research, too. This is especially the case given my strong involvement in the interpretation of interviewees' responses and his or her experience of the studied phenomenon (Division of Counselling Psychology, n.d.). Achieving reflexivity is making "the relationship between and the influence of the researcher and the participants explicit" (Jootun, Mcghee, & Marland, 2009, p. 45). This requires openly outlining and reflecting on the researcher's background, experiences, and beliefs, and the impact of these on the research.

I am a 35-year old white woman born and raised in Germany. My educational background is in humanities and social science, with a focus on international health and

development. As mentioned in the Introduction of this thesis, I have been working in various crises settings for the UN and NGOs over the course of the last ten years with a focus on gender equality and women's empowerment. This included multiple missions to Juba and field locations in South Sudan. Due to the content of my work I am very familiar with gender issues in South Sudan, and am sensitized to recognize misconduct at the work place, including in this particular setting. Having given numerous gender trainings over the years, including to high-ranking South Sudanese Government officials and UN staff, I am aware that humanitarian stakeholders' knowledge on gender is oftentimes marginal, which may as well influence their interactions at the work place and beyond. With regards to my personal experience of working in South Sudan, I am aware that certain aspects of life, such as meeting people and gaining access to information, were comparatively easy for me: I have been told several times by male humanitarian/ development staff that they initially agreed to official meetings with me as they perceived me as an "attractive woman."

I am also familiar with other typical challenges attached to working and living in crisis settings. These include work-related stressors, such as long working hours, the pressure to deliver quantifiable results, and the challenge of developing well functioning and mutually respectful working relations with national staff in the context of prevailing traditional gender roles and norms. My work in the sector has also caused me to experience stressors related to my personal life, such as limited communication options with family and friends while on mission, heavy travel schedules, and difficulties explaining the job to those back home. I myself have not experienced mental health problems as a consequence of these assignments and challenges. However, I have seen numerous colleagues and friends struggling emotionally due to the stressors attached to the humanitarian sector. I feel a high level of empathy for these colleagues and friends and other humanitarian workers who are exposed to job-related stressors and have difficulties coping with these effectively. I am critical towards humanitarian organizations and their fulfilment of their duty of care. This refers especially to staff support programs, which I consider insufficient in most cases. At the same time I think humanitarian workers are responsible for their mental health, too; in my perspective, the process of choosing to be-

come a humanitarian worker must entail familiarizing oneself with the risks of this profession, and being honest to oneself about one's own boundaries and capacities to handle the challenges that likely accompany this type of work.

My hope is that mental health problems among humanitarian workers will be prevented and addressed more effectively by organizations. This also includes efforts that combat stigma attached to mental health problems. I would like to be part of endeavours towards this end and, as stated in the Introduction of this study, started my PhD research with the explicit goal to address gaps in data on this topic.

6.2 Results

6.2.1 Participants

As presented in Table 6.1, participants were from six European countries and between 25 and 35 years of age. They were based in Juba, and some travelled to the field as part of their duties. Most participants had experience in one to two other countries prior to working in South Sudan. All had less than ten years of work experience in the sector and were thus in an early stage of their career. All but one participant had completed a Masters degree, and most held managerial or senior leadership positions within their organization. For transferability reasons I provide pen-portraits of these participants, including their journey of becoming a humanitarian worker in South Sudan. To ensure anonymity, I change participants' names. For the same reason I omit other identifiers, such as names of organizations worked for and names of partners and friends. The statements and insights however are real and reflect what participants shared as part of the interview.

6.2.1.1 Group of men

Antonio

Antonio grew up in Italy. With regards to becoming a humanitarian worker, Antonio emphasized he "didn't chose this profession, it happened by chance." He struggled with his studies at University and after graduation realized he didn't want to commit to a job related to his degree. Instead he enrolled in a development-related field and finished the first semester with good marks. He then visited a friend in Africa who worked for a small NGO in a remote place and enjoyed his time there: "There were plenty of things to do. (…) I was feeling great." When Antonio's friend ended her contract with the NGO while he was still on site, he took over and ended up staying in that country for several years. In 2014, he took on a position in South Sudan to gain experience in an emergency setting. He has meanwhile switched to a higher position in the country with a different NGO, for which he serves as Country Director.

Gabriel

After having studied abroad, Gabriel went back to his home country, France, to work in the private sector. After a few years in this profession he noticed a growing desire for change. He took some time off to travel in Asia and started applying for positions in the humanitarian sector: "I didn't know the sector when I started studying. (…) I always wanted to do something that allows me to travel and have a quite high level of adventure, but most of all when I started working I felt a lack of meaning in what I was doing. (…) I was even travelling in my job in the private sector, but still needed something a bit different." Gabriel's first position in the humanitarian sector was in Africa. His initial idea was to explore this field of work for up to one year, but then "got completely addicted to it." After two years in the country he relocated to the Middle East. However, despite initial doubts about this step, Gabriel returned to Africa after having been offered a higher position in Juba with an NGO. He holds the position as Country Director.

Leo

Leo studied in his home country, the United Kingdom (UK), before he "had a complete change of mind" regarding his career. He chose to quit his degree and went travelling in Africa. Leo enjoyed this experience and subsequently enrolled in a development-related degree. Thus, becoming a humanitarian worker for him was not a fixed idea but rather "a natural progression". His particular motivations to join the humanitarian sector include operating "in an unusual environment, the management aspects, and also the strategy, branding, marketing, positioning side of it. (…) Being involved in the social good business." Leo worked in the Middle East before he decided to take on a higher position in South Sudan. He is now this NGO's Country Director.

Noah

Noah grew up in the UK. For him, being a humanitarian worker has been the only acceptable job ever since he did an internship with a Charity in Asia as a teenager, which he liked and found interesting: "There is no other job I would consider doing full time. . . . I wouldn't work if you didn't have to work. This is the next best option." Noah studied a development-related subject at University and was especially looking for a job that interests him. He highlighted his family background as an enabling factor in attaining this goal: "I have privileged parents who offer a safety net, so if anything did go wrong here, I could still go home and live with my folks, it wouldn't be an issue." Prior to coming to South Sudan to take on a position as Manager, Noah worked as an intern in the Middle East with an NGO.

6.2.1.2 Group of women

Aurora

Aurora was born and raised in Italy where she also studied and worked. It was during her first years of employment that Aurora realized that this profession was not for her: "I didn't really like the job, I wanted to do something different, but I didn't know what." She then enrolled in a Master program related to humanitarian work. While Aurora was not certain if the humanitarian sector was the right place for her, she found it worthwhile

to get some experience in the field. After a longer search for employment, she came across a short-term internship opportunity in South Sudan with an NGO. After having spent six months in the country, Aurora wanted to extend her stay: "I wanted to come back to South Sudan because I thought six months is limited experience, I was just developing knowledge in the context and thought it would be important to deepen this knowledge instead of starting everything new in a different country." Due to a lack of opportunities though, Aurora had to expand her search and moved on to Europe for work. However, she kept applying for positions and eventually returned to South Sudan with an NGO to work as a technical/program staff.

Ella

Ella is trained to work in the medical field. After she graduated from University she worked for one year in Latin America. She then returned to her home country, Belgium, where she stayed for several years. Ella then went on two short missions to Africa, before taking on employment in South Sudan for a longer period to work as a technical/program staff. With regards to her motivation to work in South Sudan she emphasized her need for excitation: "I need to have some stimulus from time to time, and I feel if I'm working too long in the same environment I am not stimulated anymore. I'm not going to say I fall asleep, but I am a little bit stuck. I want again something new, something that gives me some new energy so that I continue."

Greta

Germany is Greta's home country, where she also studied. Greta had been interested in work related to politics for a long time: "When I was 13 years old I became politicized and interested in global themes…. One thing let to the next but it was always quite clear since I was 18, 19, that I want to do this." Greta enjoys working with different types of people and beliefs in the type of work she does, albeit she highlights the level of this belief fluctuates a lot. Another key motivation for Greta is the lifestyle work in the humanitarian sector facilitates: "The other part is I would say a rather selfish reason: it is a life-

style that fits my needs. I always wanted to be abroad…. And it makes you feel very alive." Greta serves as a Manager.

Julie

Julie comes from France. Her wish was to see something else, live abroad and learn more: "I tend to become too comfortable where I stay, the only way I have to deal with myself is push myself up a cliff and then swim. This was my initial motivation, living abroad, learning more." Julie is also committed to "trying to do something useful". She originally wanted to work for the UN, but accepted a job with an NGO in Asia instead. After a while, Julie wanted to learn about bigger missions in conflict locations, ideally located in the Middle East, but her organization offered her a position in South Sudan instead: "I just said you know what, lets do it. I was genuinely interested, it is such a complex and interesting environment." Julie now works as a Manager.

Laura

Laura studied a subject she realized she really did not want to do. During this phase she started thinking about her future, but joining the humanitarian sector was not part of her initial plan: "This is not something you say when you are young you want to do." Laura engaged in volunteer work during her high school years, and – largely based in Italy – started supporting a project implemented in Africa. After some short stints there she decided "this is probably the thing I should do. This makes me fine. This is what I want to do." Laura finished her degree nevertheless but then started a master degree in a field directly related to development. After graduation she did internships in Africa and Latin America, before taking on her first job in South Sudan. Laura is a technical/program staff.

Sinead

During her degree, Sinead wrote a paper on human rights abuses in Asia. This experience triggered her interest in the sector and desire to work there. Sinead kept reading about the topic and, after graduation, started her career with an NGO. Some of the procedures ap-

plied by other humanitarian stakeholders, especially those of the UN, deeply concerned her and contributed to her decision to stay in the sector: "I thought it was appalling…. It was so inhumane. I guess I had a fire for it since then." After years in Asia, Sinead accepted a position with an NGO in South Sudan. She works as a Manager.

6.2.2 Structure of responses

The interviews with participants varied in length and scope. The average interview length was about one hour. The shortest interview in the group of men took approximately 40 minutes, the longest about 100 minutes. The shortest interview in the group of women took about 50 minutes, the longest about 80 minutes. Both male and female participants showed a strong interest in the topic of this study and shared insights into their lived experiences in Juba. However, women were overall more elaborate than men. This was particularly the case with regards to their feelings and details related to their private life.

6.2.3 Emerging themes and sub-themes

Themes and sub-themes emerged in the gendered analysis facilitated by IPA (Table 6.2). In the group of men, a total of four themes emerged. These are: "Theme I: Juba as duty station is 'not that bad'", "Theme II: Gender, origin, and especially age shape one's experience", "Theme III: Productivity determines joys and challenges", and "Theme IV: With awareness, humanitarian work affects mental health positively". Four themes also emerged in the group of women. These are: "Theme I: Living in Juba means 'living in a complete bubble'", "Theme II: Age, contract type, and especially gender shape one's experience", "Theme III: Good relationships determine joys and challenges", and "Theme IV: Humanitarian work challenges mental health, which needs to be addressed". These themes and sub-themes are exemplified in the following sections, in turn for men and women.

Table 6.2: Summary of themes and sub-themes

Construct	Themes and sub-themes	
	Group of men	**Group of women**
The humanitarian space of Juba	Theme I: Juba as duty station is "not that bad" ▪ Juba is easier than other places ▪ Juba is a party hotspot	Theme I: Living in Juba means living in "a complete bubble" ▪ Juba is a social place ▪ Juba is a superficial place
Identity-related factors influencing one's experience	Theme II: Gender, origin, and especially age shape one's experience ▪ Being a man makes life easier ▪ Being older helps at work ▪ Being from the region makes a difference	Theme II: Age, contract type, and especially gender shape one's experience ▪ Being a woman is tough for most ▪ The wish for a family as the end of a career in the sector ▪ Age matters at work but loses its meaning in the private sphere ▪ Being international staff makes a difference
Rewards and challenges	Theme III: Productivity determines joys and challenges ▪ It is interesting, and that is a good thing ▪ Contributing to progress is rewarding ▪ Unprofessionalism and its consequences are a major challenge	Theme III: Good relationships determine joys and challenges ▪ Having good relationships with people is extremely fulfilling ▪ Connecting with South Sudanese is challenging

Humanitarian work and mental health	Theme IV: With awareness, humanitarian work affects mental health positively ▪ Humanitarian work has a positive effect ▪ Paying close attention to mental health is important ▪ Detachment and talking as primary coping mechanisms	Theme IV: Humanitarian work challenges mental health, which needs to be addressed ▪ This work is emotionally challenging ▪ Organizational staff support is important ▪ Talking to the right people and "me-time" as primary coping mechanisms

6.2.2.1 The perspectives of men

Theme I: Juba as a duty station is "not that bad"

Men considered their duty station as "not that bad." This theme demonstrates the convenience male humanitarian workers associated with Juba, and the relative ease they personally felt about being there. Two sub-themes form this theme. These describe men's perceptions of the capital in greater detail: "Juba is easier than other places," and "Juba is a party hotspot."

Juba is easier than other places: Men largely characterized the humanitarian space of Juba through its comparatively lax security-related rules and regulations. They referred to humanitarian duty stations outside South Sudan to express that in their perception, life in the city was comparatively easy and free. Participants applied such comparisons regardless of whether they knew these other places through work or travel or had heard about them from colleagues and friends only. Noah said, "it is not like when you speak to people who spent a lot of time in Baghdad, Somalia, Mogadishu particularly. Here you have a pretty free life." He then specified his understanding of this "pretty free life" by stating that in Juba, "you are not getting blown up, you are not getting kidnapped, you have relative freedom of movement given that you are in a war zone." Especially this

last statement shows that Noah was aware of living in a war zone and some of the risks such environments bear.

Gabriel shared Noah's perception and communication thereof. He, too, felt "Juba is not that bad." While Gabriel mentioned the curfew as a restriction, he also emphasized that Juba had a vibrant social scene and fancy places to spend time anyways. He thus felt humanitarian workers in Juba were not "in a bad situation" but rather "have quite a good life." To further underline this perception, Gabriel used Afghanistan and Baghdad as contrasting examples. There, he said, humanitarian workers faced particularly strict restrictions regarding movement and "cannot go out at any time."

Leo referred to his previous duty station Yemen to crystallize his feelings about life in Juba:

"In Yemen it was one compound, office and guesthouse, 10meters, you didn't leave the compound, and that could go on for three months. Ninety-nine per cent of the time you spent in that compound, and with the five internationals you work with you live with. Here I feel quite free, you shut the door or go to a restaurant."

In addition to the comparatively high freedom of movement Leo referred to, his statement demonstrates his broader understanding of feeling free: for him, feeling free entailed being able to spatially distance oneself from colleagues at one's convenience.

Antonio did not refer to other places but referenced the local population to share his views on life in Juba: "I don't think life in Juba is hard for us, it's hard for the local population." He then made an open and very positive statement about his personal experience in Juba: "I am really enjoying it here."

While male participants agreed that life in Juba is easier than in other places, Leo, Noah, and Antonio acknowledged that this perception was not universally valid and that some humanitarian workers felt differently. Leo and Noah connected this difference in perception to security-related rules and regulations: "Some staff feel it is a quite restricted environment," said Leo. Noah shared this view but emphasized that he himself did not feel this way. In his opinion, it was everyone's own responsibility to shape his or her experience in Juba and to leave the duty station if need be. He again referred to other places

– this time easier places than Juba – to make his point: "It is what you make out of it (…). You know what the gig is: if it is not for you go somewhere like Jordan, there you can live, you have a car, you can go wherever you want." With this, Noah not only put a high level of responsibility on humanitarian workers themselves regarding their well-being. He also expressed disregard for those violating the rules imposed on humanitarian workers in Juba: "People complain and then things happen. I don't have much time for that attitude." Antonio lacked understanding for fellow humanitarians suffering in Juba altogether. Like Noah, Antonio was judgmental. He implied that those humanitarian workers who suffered yet stayed did so based on questionable, if not immoral, motivations: "When I see some suffering, I ask 'why are you here? The money you are taking?'"

Juba is a party hotspot: Men specifically mentioned the party scene when reflecting on the humanitarian space, and affirmed comparatively high levels of freedom, including the freedom to behave as one pleases. Gabriel in particular was vocal about the party scene in Juba. He explained that when he first arrived in the city in 2014, right after the crisis, he welcomed these social gatherings and "felt it was a good way to evacuate stress (…), [and] meet people." He added that parties were an opportunity for people to exercise through dancing, and for romantic relationships to grow, both of which made him see parties "as a positive thing." Meanwhile, however, the original crisis situation had passed. To Gabriel, Juba was not facing an acute crisis any longer and the stress humanitarian workers were exposed to was reduced. Along with this situational change, his attitude towards parties transformed:

"Sometimes I don't like it. Maybe I am judgmental, but I find it a bit too much at times. In some cases, humanitarians just drink a lot, and it is their way to cope with the situation. They just want to have a nice time and get drunk. It disconnects them from reality as well."

This shows that Gabriel interpreted excessive partying as a way of coping. In combination with his subsequent statements it also becomes clear that Gabriel equated partying with a lack of commitment to work and with immoral, immature behaviour: "People are

here for the position and the salary they have, the R&R cycle, they spend their weekend partying, at 5 pm they leave the office and go relax." He added that partying was "the only thing people do on the weekend, they live as if they were in their 20ies, just party." Gabriel kept coming back to the topic of parties, which confirms he felt bothered by them both personally and, as his later comments show, also professionally: "Westerners bring their own culture to the country, (…) which can be very badly perceived by the people we serve." Parties in hotels, such as Toscana located at the Nile, reminded Gabriel of being in Miami: "People are in bathing suits drunk in the pool." After having talked extensively and emotionally about the party scene, he started to feel the need to put things into perspective with regards to his own personality and upbringing: "I exaggerate (…), I am a bit judgmental. I come from a little bit of a conservative family."

Antonio commented on the partying, too, and confirmed going out to parties was an integral part of life in Juba for many. However, he did not touch upon the topic as broadly and emotionally, and did not voice concerns as strongly as Gabriel. Antonio said he didn't like parties and had never gotten drunk in his whole life. He identified the excessive drinking at parties in the capital as "self-destroying behaviour," which he generally didn't mind, but likewise also didn't understand: "I don't know, after coming home I would feel what a shitty place, that's why I prefer a chat with a person that is pleasant."

Leo could not relate to excessive partying either, even when he put himself in the position of a person who was just starting out in Juba: "I would go maybe once a week and have a drink, but that's not the reason I would stay here. But for some people that's the major motivating factor they are here for a year." This statement of Leo is also a reflection of the behaviour he observed as Country Director in some of his very young staff.

Theme II: Gender, origin, and especially age shape one's experience

When asked about identity-related factors, men considered gender, origin and especially age as important: it was particularly these factors that shaped their lived experience in Juba. Accordingly, three sub-themes emerged out of men's responses: "Being a man

makes life easier," "Being older helps at work," and "Being from the region makes a difference".

Being a man makes life easier: Antonio and Leo mentioned explicitly that they noticed a clear gender divide and that being a man made life in Juba easier. Antonio briefly referred to the professional sphere in this context, in which both gender and age were influential: "For some negotiations it is easier if one is male and as old as possible." He then referred to situational factors related to the duty station and pointed out how the lack of security in the country, in combination with local gender norms, influenced the gender divide he perceived: "If I was a woman… most women don't see rape as a nice adventure – and rape here is common, it happened also to some expats." Thus, being a man, Antonio stated, "feels much safer in terms of risk." He then referred to his personal life: "I feel much more relaxed when I am alone or in company with other men when I do strange things." This statement also demonstrates Antonio's tendency to voluntarily engage in potentially risky activities from time to time. However, with regards to gender relations within the humanitarian community, specifically the expatriate community, Antonio came to a different conclusion and highlighted the fact that there were no gender differences: "We are the same". He underlined this perception with an example from the private sphere, which at the same time revealed something about his perception of romance in Juba:

"The environment here is hyper promiscuous. (...) I see women taking advantage of men, and men taking advantage of women. (...) I've seen similar - girls hunting me the same way as men would hunt women."

However, building on his example, Antonio noticed gender differences with regards to men and women's coping strategies in the context of unfulfilled romantic relationships: "I see women cry due to broken hearts from some expat men, but that's because men are not open to cry in public." Thus, in Antonio's view, gender stereotypes prevailed in the humanitarian sector with regards to the public display of emotions.

Leo evaluated the situation differently for national and international staff. He identified gender as the "biggest impacting factor for international staff." In contrast to Antonio, he focused solely on the professional life in his explanations: "One can't deny that there are staff authorities that have specific views on gender." Leo did not specify further what this meant. However, some of his subsequent statements regarding donors on site being largely older, European, and male, indicate that female staff were at a disadvantage.

Gabriel shared a more "idealistic" perspective and stated that he hoped there "wouldn't be too much difference" with regards to gender in the humanitarian community. But when he thought of his girlfriend, "a feminist", he quickly concluded she may disagree. Gabriel then started thinking about the professional sphere, in particular the work in the field:

"Maybe where you can see a difference is when interacting with community leaders, the traditional population, and you talk to them, and they talk to your assistant more than to you because they don't respect you [because you] are a woman."

Gabriel's statement implies that being a man was beneficial in working with the South Sudanese population. Despite this, however, and in contrast to Antonio and Leo, Gabriel also highlighted the necessity of having women as part of the organization's workforce, specifically with regards to programs related to sexual and gender-based violence. Given that these programs dealt with survivors who were mainly female, Gabriel emphasized it was important to "have a good gender balance" on board. With regards to the international humanitarian community and his own perception of his female colleagues though, Gabriel pointed out that he found the women he knew that held leadership positions in South Sudan "very inspiring". He stated that these women "deal [with the situation in South Sudan] very well".

Noah, too, concluded that gender mattered. Similarly to Gabriel, his answer focused entirely on his job, connecting gender with working with the local population. However, in contrast to other male participants, Noah did not comment on the disadvantages of being a women; rather, he pointed out the need to have female officers to

work with female beneficiaries and to address "female issues" in the communities: "For dealing with females in the camp we recruited female officers who liaise with them, and I will meet with the camp chair lady." Noah then noted that although he "shouldn't discuss female issues with anyone", he sometimes had to do so in order to "put it to a donor in a much more succinct way." Amongst others, these statements reveal Noah's strong sense of pragmatism, which he also seemed to apply to life in Juba more broadly.

Being older helps at work: All men reported that age played a role in shaping their experience in Juba. This was mainly the case in the work sphere. As Antonio put it: "I am not too young, this also helps. Being older would even help more."

Also Gabriel mentioned that age played a role in how people perceived him, and differences between organization types mattered in this context: "Regarding age, I am young, (…), which comes with a bit of comments from colleagues and the UN." Gabriel was not bothered much by this situation. Based on his experience, these initial judgements usually faded with time: "When they engage and see I am professional they just forget."

Leo provided a more differentiated account regarding the parts of his job in which age played a role: "Age matters more in the humanitarian sphere, in the community it doesn't matter that much." He also described how specifically in the international community, age intersected with other identity-shaping factors, namely gender and region of origin:

"Donors are mostly European, 50+ years old men, who are somehow stuck in the 1980s. I don't know why that is, maybe because it is a level 3 emergency and they get senior people to come. (…) Decisions are very bureaucratic. If you want change and you are a young person, it is not going to happen. You need to find a different way."

In Leo's perception, age obviously played a crucial role with regards to power relations within the humanitarian sector. He confirmed this in an advisory manner: "It is generally a comparative advantage if you are an older man."

In contrast to the other male participants, Noah showed a very high level of frustration about the role age played in his profession and its effects on him directly. He stated that oftentimes, he was told he was "too young to do this job", an opinion he strongly disagreed with. In Noah's perception, age did not matter with regards to the job level one held. What mattered instead was the way in which one treated other people. Noah verbalized his frustration about the prevailing assumptions about the correlation of age and knowledge, and his personal, opposing views explicitly:

"I despise the attitude 'I am older than you, therefore I know better.' For me, that is appalling. (...) I always pushed back against these things because it is childish. It has nothing to do with your ability to do a job."

By labelling the prevailing attitude regarding age as "childish", Noah ridiculed the colleagues in question, and showcased the absurdity he associated with the situation. Further, and similar to Leo, Noah mentioned young people's drive to introduce change based on "many good ideas", which, given their young age, was almost certainly going to fail. He explicitly accused his older colleagues of being rigid and over-reliant upon ineffective measures, thereby hampering successful humanitarian aid: "They have been doing it for 20 years and their approach hasn't worked, so there need to be new approaches." Regarding interactions with beneficiaries and local communities though, Noah implicitly acknowledged that age at times contributed to awkward situations. He expressed this, albeit vaguely, as follows: "With 26 you are [perceived as a] youth in this country. Sometimes I have to sit with 70 year old community elders, and I have to tell them what's wrong." With regards to the private sphere, Noah did not perceive any age barriers. Rather, he reported having the opportunity to engage with whomever he wanted in ways he enjoyed: "I have friends who are 65 here, I have friends who are 19."

Being from the region makes a difference: Antonio, Gabriel and Leo mentioned that being from the region made a difference. Their accounts differed in how this difference manifested. Antonio referred to his own physical appearance in this context, and how looking as if he might be from the region influenced his experience in Juba:

"The colour of [my] skin, it is a bit brown. It hampers me a bit at times. The police stops me and is disappointed when they find out I am not Egyptian or from Ethiopia. Then, they still have to get something from me, but it is 'Oh shit! We got an Italian!' It is funny, it even happened to me in an IDP camp."

Antonio took this situation rather lightly and did not feel offended, despite pointing out that his skin colour hampered him a bit at times. Further, the incidents he referred to are neither consequential, nor clearly related to his professional role or private life. Rather, they present a series of distinct encounters with the local population that provide information on regional geopolitics.

Leo approached the question of origin from a very different angle. He referred to human resource management and new recruitment preferences and the benefits thereof: "There is a drive to use more regional international staff. The trend is that they are less outspoken in coordination and donor meetings." Leo then offered a comparison of regional staff and staff from the Global North and – again – connected age with gender and region of origin: "When you hire a 50 year old Ugandan, they won't cause a problem; they don't speak out as an inexperienced 25 year old Frenchman will." Leo approved of this move toward hiring staff from the region, although his personal reasons were less related to outspokenness than shared cultural heritage with South Sudanese beneficiaries: "If you bring a Ugandan, they have family in common, it is the same land, oftentimes the same history". This, Leo said, increased the acceptance of staff among the local population and thus benefitted the organizations' work.

Gabriel, too, referred to culture and history, yet in a different context than Leo. Like Antonio, Gabriel brought in his own nationality. Being a French citizen, Gabriel highlighted the country's colonialist past and emphasized the "need to be aware of this." In his point of view, this history "pre-defines the relationship with people" one works

with. He then moved away from French history and spoke more broadly about "Whiteness" and its impact on life in this humanitarian space: "If you are in South Sudan and you are white, they have a prejudice how they see you: rich, educated." While he did not share specific reasons, Gabriel felt it was important to "not deteriorate this perception further." He then mentioned that people from the region probably had a "better understanding of the context." Gabriel highlighted that in his role as Country Director he believed in diversity and acted accordingly: "I try to diversify my team, so that we have a good balance."

Theme III: Productivity determines joys and challenges

The third theme shows that for men, it was productivity that determined the joys and challenges of humanitarian work. Three sub-themes elaborate this further: "It is interesting, and that is a good thing", "Contributing to progress is rewarding", and "Unprofessionalism and its consequences are a major challenge".

It is interesting, and that is a good thing: When asked what they cherished about their life as humanitarians in South Sudan, and what they found rewarding, the first pattern that emerged from men's responses was that they found their job or certain components of life in the country "interesting". The examples men used to explain what they considered interesting differed, and included the specific crisis context as well as the numerous opportunities for continuous learning and personal development the profession and placement in Juba offered. Men's answers also indicated a strong sense of curiosity as well as a drive to explore, accompanied by a need for stimulation. Men attached a positive connotation to the label "interesting".

Antonio, for instance, focused on the fascination of meeting people in the country: "In South Sudan are very interesting people and interesting characters. Whether you like them or don't like them, national or international, it's fascinating." This statement once again shows that Antonio enjoyed living a life outside the norm.

Noah, too, referred to people. He mentioned that in his job he dealt with people – beneficiaries – all the time. Talking to them was interesting, which made his job a "great job"; Noah explicitly searched for a profession that triggered his interest.

Gabriel on the other hand referred to the geopolitical situation of the country in this context. He identified South Sudan as a "unique case", especially because it was the "youngest country in the world", for which hardly any hope was left. This, Gabriel stated, made South Sudan a place where it was "quite interesting to work." In addition to this aspect, he mentioned a series of other components that mattered to him: "It is a noble call, a high level of adventure and adrenaline, I like different cultures, and I continuously learn and am exposed to new things." As these and previous statements show, it was the interrelation of social justice and adventure that created an environment considered desirable by Gabriel.

Leo answered similarly to Gabriel in that he expressed his "general interest in operating in an unusual environment". According to Leo, operating in such an unusual environment also facilitated constant learning.

Contributing to progress is rewarding: Men enjoyed making headway with their work. Thus, when asked about the rewards of his job, Noah answered in a direct manner. In line with his pragmatic attitude, he simply said: "I like getting things done". While Noah did not elaborate on this in greater detail, for Leo and Gabriel the notion of progress and positive change included the delivery of tangible humanitarian tasks and positive developments within their own organizations. Gabriel said, "when I see things work well, you manage to make a difference, a new camp, or an audit, a donor says 'great job', then I am excited and touched, or when I see staff and they enjoy their work." It came out clearly that Gabriel was highly dedicated to his organization's work climate, and that he considered the "human side" of the job very important, not least because of the effects of personal well-being and team cohesion on organizational effectiveness:

"I care if staff look happy, enjoy their work, and are challenged in a good way, learn. I constantly care about this, when I see conflict in the organization I take care of it, I try to improve things. Sometimes it comes with not extending some staff because they don't

care. This is rough, but at the end I believe it is good for the projects and the organization."

Similarly, Leo highlighted the fact that he considered "seeing people enjoying their job and also to track their own career path, national staff especially" as rewarding and believed investing in training initiatives was "a good thing."

Antonio alone was more critical with regards to the notion of progress and emphasized the importance of caution and modesty in this context: "You never see results, you see some indicators, but not direct effects. You won't change the world, they will continue fighting." However, having said this, Antonio too confirmed that working in the country had cumulative effects and contributing to these cumulative effects was essential: "You leave a few drops, which is not bad, but you are one tree in the forest. Having more trees make a forest so it is important what you are doing."

Unprofessionalism and its consequences are a major challenge: Men voiced severe frustrations about the unprofessionalism they found in other people. They were very vocal about these frustrations, which were directed toward colleagues within their own organizations, fellow humanitarians from other organizations, and government counterparts. In particular, the UN was a thorn in participants' side, due to perceived promotions of UN staff beyond their capacity, rigid rules and regulations, and – in part caused by these rigid rules and regulations – UN staff's limited understanding of the situation in the country. Noah expressed a particularly high level of frustrations with UN staff: "There are some useful people around, others you just bypass, particularly in the UN." He then claimed UN staff's main aim was to "maintain the status quo: don't get above, don't get below, never get fired, have a cushy job." Noah made it clear he was "upset with many senior people in the country." His occasional frustration with UN staff and other people, including beneficiaries, was strong enough for him to say, "on some days, you want to bang your head against a wall", and "sometimes you want to punch people in the face".

Gabriel also struggled with the UN. He highlighted the long-term consequences of the unprofessionalism he observed, and the multiplying effects thereof, including on his own organization and specifically with regards to staffing:

"You spend so much energy on people, fighting for their rights, to help them, and then you just see all your efforts vanishing because there is a new crisis or a decision by UNMISS that crashes all the work, so people leave and don't want to come back."

In line with the other participants, Antonio expressed resentment about the UN. Like Noah, he was rather radical in his choice of words, and gave the following example to prove his point:

"Most of the people that have to make policies have no idea about what is going on here. In July when there were crashes in Torit, I had several discussions with UNDSS. They didn't know anything! They were not allowed to leave their office - and were giving advice to NGOs how to move. (…) I trusted my staff a lot and all the information they gave me about security was very accurate. (…) So after a while it was me reporting to UNDSS what was going on in my area."

However, Antonio perceived working with government counterparts as even more challenging than facing the UN's unprofessionalism. The root cause for his resentment in this regard was the high level of uncertainty involved in collaboration with the government, and the moodiness of individuals: "One day you present something and they like it, the next day not, tomorrow again." Antonio expressed a lack of understanding for such behaviour. He made sense of this situation by considering his counterparts' mental health status:

"For some, I think they really have mental issues. They are really different people on different days. (…) Sometimes you need things now, and they woke up on the wrong side of the bed, and it is very difficult to deal with them."

Although Antonio considered himself good at dealing with people, working with government counterparts put him in a situation where he at times did not know anymore what

to do. In this part of his account, Antonio revealed his boundaries and showed vulnerability caused by the acknowledgement of his own helplessness.

Leo put less focus on other organizations. Instead, he largely referred to the unprofessionalism of some of his own staff. For him, "bureaucratic things", and "things you can't control" posed the greatest challenge in this context. This included the lack of commitment, care and understanding of some of his staff, which he found most prevalent among those who stayed for a short amount of time in the country. He explained that if these people missed a deadline for a proposal, it did not affect their career. For the organization, however, such unprofessionalism had long-term consequences. Leo also cited undiplomatic behaviour in the context of short-term staff, and outlined how such actions could backfire:

"The guy in field base has an argument with the representative from the UN. They don't care because in four months' time they move to DRC, but that could be the turn as they don't want to renew our funding."

Leo was not pleased about these and similar circumstances. However, he was more calm and composed than the other male participants.

Theme IV: With awareness, humanitarian work affects mental health positively

The fourth theme is that humanitarian work affects male participants' mental health positively – as long as they pay their emotional well-being the necessary attention. Three subthemes emerged that elaborate on this situation in greater detail: "Humanitarian work has a positive effect", "Paying close attention to mental health is important", and "Detachment and talking as primary coping mechanisms".

Humanitarian work has a positive effect: When asked how humanitarian work intersected with his own mental health, Noah was once again straight to the point and answered in brief: "Good", was all he shared. Antonio shared a few more words, but was similarly brief. He stated that due to the fact that he enjoyed his work a lot, being a hu-

manitarian worker in South Sudan affected his mental health "very positively". To underline his statement, Antonio compared his current situation with a previous time that was more challenging for him: "I felt much more stressed when I was at Uni at end of my degree." Indeed, over the course of the interview it came out clearly that for Antonio, working and living in Juba was more conducive to his happiness than working and living in the more regulated world back home.

Gabriel and Leo gave more nuanced answers than Noah and Antonio. They reflected on the topic in greater detail and shared some further thoughts about their personal development and the transformations they went through as part of their career. Gabriel noted he had become "more and more altruistic" over the years. He said he increasingly cared "about people's situations" and understood "more and more how history and geopolitics are important". This transformation, he said, also manifested with the people he spent time with in his private life: meanwhile, he felt closer to those who were "artists or more wild and much more open", which was very different from the business school context he originally came from. On multiple occasions, Gabriel contrasted capitalism with humanitarianism and presented them as opposing worlds, one of which he left behind to join the other – for him, a change for the better.

Leo said he used to be "much more personally invested in the political cause" during his time in Yemen. Back then, he said, he used to get "very angry". His outlet and way to vent about the situation was to engage privately "in really random conversations through things like Twitter". By the time he left the country, Leo was at a personal low point: "When I left I was so angry I couldn't work, so I thought I should probably change context." In South Sudan, Leo felt different: "Here I have a nice balance, (...) I feel I am more balanced."

Paying close attention to mental health is important: As shown, male participants considered their work in South Sudan interesting and, as a result, as having an overall positive effect on their well-being. They also stated that paying close attention to mental health was extremely important. As Gabriel said: "This is definitely an environment where mental health is more exposed, and you need to be careful about it." Adhering to

his own advice, Gabriel displayed a particularly high level of awareness of his own mental health. He had established a strict set of rules, including "sleeping enough, not drinking much, [and] disconnecting during holidays", to support his personal well-being. Gabriel also emphasized that he tried to "impose the same on staff", and focused on creating "an environment where you can trust each other." Gabriel's extensive efforts to care for his mental health and that of his staff were connected to his own past experiences with working in the sector:

"There are also mistakes I did regarding mental health. I had two serious security incidents, and I should have spent more time at home and discuss with a psychologist. I wanted to do that but didn't have time. I talked to a colleague but didn't want to share it with my family. I only told my brother and a few friends. I felt I had a bit post-traumatic stress after that one event, because there was no proper dealing with it. I have seen myself physically changing because I was affected by what I saw."

Gabriel also voiced concerns about the long-term effects of working in the sector. While he reported being very happy with his professional choice, he feared that this work might adversely affect his capacity to cope over time and lead to a loss of balance.

Leo, too, mentioned that South Sudan was a complicated environment due to its many external triggers:

"If you arrive here unprepared, you have 100 per cent to spend on simply coping with the environment. (…) [I] would doubt when anyone would say their mental health was consistent and not affected by the things that are happening."

Regarding his own situation, Leo said that at times, he was "not mentally in [his] best place." However, he confirmed being good at noticing challenging situations: "I am not an expert in mental health, but acutely aware when I am feeling well and not well." For Leo, the key to such situations was to know oneself well and to be able to implement personalized, effective coping strategies.

Antonio's response in this context was briefer, and his fear different from Gabriel and Leo's. He was concerned about "mental health in terms of not being able to see if

something goes wrong." To address this situation, he took time to self-assess his feelings, which worked well for him.

Detachment and talking as primary coping mechanisms: Men's coping mechanisms during challenging times were centred on detachment and talking. Compared to the brevity of his other responses, Noah provided a more detailed answer in this context. He displayed a particularly rational and rigid way of thinking about coping, which seemed to help him push through. Specifically, Noah practiced detachment, which became clear through the following example from his work with beneficiaries who experienced extreme hardship on a daily basis:

"Yes you should care, but it is not going to help you. If you get involved in people's problems – that's one way to go down miles the wrong track. What you can do is look at the problem, find a solution, and deal with it. Look at the shelter issues - deal with that, don't deal with the grief they have. There is no point; it is not going to help. You have to be sympathetic, but you can cry about it, get upset about it, and you can do that for weeks, but you could have actually used this time dealing with it."

Leo, too, considered detachment as a healthy way to deal with the experiences he had in South Sudan: "If you are here for a longer period of time, you can't take everything personally. You have to realize you can't control this and be responsible for everything, you step away." On the one hand, Antonio identified detachment as a questionable coping strategy as he equated it with emotional blunting. On the other hand, and in line with Noah and Leo, he found this mechanism very useful: "This is great, it's a normal coping strategy, you suffer much less." Gabriel made a similar remark about the normalcy of detachment he observed among humanitarians in Juba. He attributed this detachment to the "limited hope" for the country, and the attitude of some humanitarian workers, which was centred more on their personal well-being: "In Juba, people are not so attached to the situation." However, he personally considered detachment immoral and incompatible with the humanitarian profession and its core idea of making a positive difference to people's lives. Instead of getting detached, Gabriel used conversations with

trusted people as primary coping strategy. He "debriefs" and "talk(s) a bit about what happened" with his girlfriend, family, and a trusted person he used to work with in the field.

Talking to family, friends and colleagues proved also helpful for Leo, Noah and Antonio. Especially for Antonio, these conversations made a significant difference: they helped him to connect with people and disclose his internal challenges. Most notably, however, it was the confirmation he received from these people that strengthened his ability to cope and manage well. This confirmation made him feel like "having super-powers" and "Spiderman". Likewise, Antonio emphasized that being the reference person for others provided him with great strength.

6.2.2.2 The perspectives of women

Theme I: Living in Juba means living in "a complete bubble"

One theme emerged throughout the exploration of women's experience of the humanitarian space of Juba. A statement made by Greta summarizes this pattern especially well: "Here, for sure, we are in a complete bubble", she said. This notion of a "bubble" reflects the surreal experience women reported regarding their life in Juba, and the tension between Juba being a very social place on the one hand, and a very superficial place on the other - the two sub-themes that emerged from the analysis.

Juba is a social place: The social aspects of life emerged as a component of particular importance for women in the context of articulating their experience in Juba. Women agreed that Juba was a social place, yet opinions differed regarding what this meant: Aurora, Julie, and Sinead mentioned parties, but also referred to other social activities, such as joint dinners after work, doing yoga on the weekend, and visiting the local market to see people. Women's understanding of Juba as a social place was rather broad.

Women also differed in their perception of how this strong social component attached to life in Juba influenced their personal experience in the city. Their statements revealed that their perception largely depended on their character, level of consideration

of the local context around them, and previous experiences in the sector. Julie, for instance, considered herself "not a very social person." Hence, she hardly attended parties. Referring to the specific setting, a humanitarian crisis, Julie asked: "How come we have these massive parties? I find it a bit weird!"

Similarly, Aurora identified herself as "shy as a person." Because of this, large groups and plenty of conversations and exchanges were more of a taxing than a pleasurable experience for her. To relieve stress, Aurora considered it "better to be in a small group of people." She also acknowledged that she had expected something different from a duty station like Juba, especially when she first arrived. Her astonishment was accompanied by mild criticism with regards to other women's behaviour when going out: "My colleagues would wear makeup and nice dresses. So this was not what I expected, and sometimes I thought it was even a bit too much."

Sinead articulated mixed feelings about the social scene in Juba. While she was grateful at first to be based in a livelier environment after her rather isolated time in Myanmar, she meanwhile heavily objected to the parties:

"When I came here I went to this Toscana party, it is this Tuscan villa, and you feel 'where are we?' All these expats, it is a very white environment, you see people in the middle of the day completely fucked, completely trashed, absolutely gone. I came and thought this is really obscene."

However, Sinead was very self-reflective and openly acknowledged how easy it was to cross boundaries and abandon one's own morals: "(…) and then you have a few drinks, and you are one of them."

Laura was the only woman who experienced the social scene in Juba very differently. She had a consistently positive attitude towards this component of life. For Laura, this particular social environment even had a transformative effect and brought out sides of her she had not known before: "I really enjoy going to parties here. I have never been a party girl in my life, but here I really enjoy going out and meeting new people."

Greta raised an aspect none of the other women mentioned explicitly, but which was implied in their answers, namely the pressures connected with social life in Juba: "I

had a few discussions with people and they say they always feel this social pressure to be somewhere". This statement affirms the significance of social life in Juba, including due to the limited opportunities to meet people in other, more natural ways. Greta herself did not feel this pressure anymore; she had found friends. However, she acknowledged having felt that pressure at the very beginning of her time in Juba.

Juba is a superficial place: While women highlighted that Juba was a social place, they also pointed out the tension between these numerous gatherings of expatriates and the superficiality of these events. Even beyond the party scene, women found it hard, and at times even tiresome, to connect with other people in town. Getting beyond the repetitive, casual small talk and finding common ground on a deeper level was particularly challenging for Aurora, Ella, and Julie. All three women were very explicit about their struggles in this regard. Their accounts demonstrate a compromised sense of belonging and a feeling of loneliness in a hyper social environment. Aurora described this experience by giving an example of a common interaction at a party: "We didn't really talk about anything, it is more like 'how long have you been here', 'what are you doing', 'for which organization are you working'. It is repetitive."

Ella considered creating a social life at the beginning of her stay in Juba a great challenge: "For me, the first six months I struggled to find friends and relate to somebody. (…) I just needed to connect with somebody, I was looking for friends but it was difficult to find them." While Ella understood parties as an important opportunity to mingle, in her case, they had failed as an environment to establish meaningful relationships. Ella was very clear about this limitation: "You meet people at a party, everyone is super drunk, and everyone is asking the same questions. And you are not just going to invite people to your place if you just had a drunken chat."

Julie acknowledged that she wished to have a friend on site she could talk to. It was of particular importance to her that this person was someone within the sector who understood her world: "I just want someone who is here and understands the minimum things, otherwise it is too time consuming." In addition to showcasing her loneliness, this

statement of hers confirms the conception of Juba as a bubble to which outsiders were not able to relate. Julie was more judgmental than Aurora and Ella when she shared her resentment about having "a hard time to connect with this community." In her view, the community was "very idealistic" and oftentimes characterized by "debates very disconnected from reality." Julie also described the community as a whole as "very self-centred" and "self-righteous."

Greta was the only woman who shared a different experience regarding friendships in Juba. She felt "people bond very quickly", and that these friendships "are very intense." She explained this phenomenon through the shared exposure to intense moments: "You have this bond of sharing experiences and getting upset about similar things." Greta acknowledged, though, that there was a limit to the number of deep relationships one could have: "You can't be friends with everyone, it is physically impossible in the way how I understand friendship in a deep way."

The superficiality women experienced applied particularly to expatriate circles. In fact, Ella was the only participant who considered relationships beyond that in her account on the humanitarian space of Juba. She extended the notion of superficiality to the relations with beneficiaries and South Sudanese society as a whole: "Somehow it is very superficial. Superficial in a way of pampering, colonizing."

While women struggled with finding friends and overcoming the perceived superficiality of typical Juba relationships, Ella reasoned compatible people must be around, and expressed hope to find them. Julie and Laura referred to transience as an explanation for the superficiality of the humanitarian space of Juba, and the struggle of establishing deep relationships. For both, transience had a negative connotation: while Julie considered it "weird", Laura labelled it as "really bad." Laura in particular missed those friends who had left. Navigating the constant coming and going of people was difficult for her, and establishing new relationships emotionally draining. However, she emphasized that having such feelings was not uncommon among humanitarians in Juba: "I have friends who have been here for four years and do not want to go to parties, they say they are super tired of this."

Theme II: Age, contract type and especially gender shape one's experience

With regards to identity-shaping factors, women's responses led to the formulation of four sub-themes: "Being a woman is tough for most", "The wish for a family as the end of a career in the sector", "Age matters at work, but loses its meaning in the private sphere", and "Being international staff makes a difference".

Being a woman is tough for most: Women widely agreed that gender was an important identity-shaping factor that impacted their lived experience of being in Juba. This included their relationships with beneficiaries and local communities, especially during time spent in the field. Gender also played an important role in women's perceived level of security in the country.

Aurora shared an insight from her first mission to Bor, a city north of Juba, to demonstrate her experience of facing discrimination at work based on gender: "A colleague from Zimbabwe told me 'they will not respect you in the first place because you are a woman. They will also not respect you because you are khawaja.'" Being khawaja, the South Sudanese term for white foreigners, thus added another layer of discrimination. To substantiate her point, Aurora shared further information on how this particular situation developed:

"I was having some problems with the community, and when my area coordinator came to support me and he was a man, their behaviour changed completely, partly because they understood he was my line manager and more important than me, and partly because he was a man."

Sinead elaborated in detail on discrimination she experienced at the workplace based on gender. She noted that field locations in particular were "a very male environment", and that she had never "experienced such blatant sexism." This sexism, she said, manifested largely in her voice not being heard, despite having had an important position as cluster leader at some point during her time in Juba. Being a khawaja made the situa-

tion at work even more challenging, she said. Sinead expressed strong resentment about this situation and the "chauvinist society". She also reported having experienced sexism outside the work sphere and provided an example from her time in the field:

"If you go over to a bar there will be maybe 3 women and 200 men, and everyone knows your name. You don't have to be the most beautiful woman in the world, everyone will come over and say 'come, I buy you a drink, do you want to come and sit over here, do you want to have dinner?'"

Based on this and other similar experiences, Sinead considered her environment "very strange, very, very weird".

Greta didn't experience discrimination based on gender in her own organization but reported that "in the wider humanitarian community, being a woman can be hard". She provided an example of the use of pejorative language in this context: "Sometimes we are referred to as 'the girls […] are coming to this meeting.' I think if it was a male management team, they wouldn't say 'the boys are coming'". Similarly to Sinead's account, Greta's experience suggests that even women in leadership positions struggled to be taken seriously by their male colleagues.

For Julie, gender was largely connected to security. She mentioned the Terrain attack of July 2016 during which South Sudanese soldiers raped multiple international women. However, she also briefly referred to the sector as being full of "old school people", which she equated with her not being heard in the same way as her male colleagues: "You talk in a meeting and you say something, and five minutes later a guy says the same thing, and suddenly it is answered differently." It took Julie time to identify gender as the underlying reason for this form of discrimination; originally, she had attributed the disregard she experienced to her French nationality, and her particular way of phrasing thoughts and feelings – a way of talking others may have found difficult to understand.

Laura was the only woman who said there was no "difference between women and men". She did not encounter any difficulties based on gender, especially not with regards to her life outside work: "I don't feel stressed about being a woman in Juba, it's fine walking by myself, driving, there is no problem in doing things".

The wish for a family as the end of a career in the sector: Women did not see themselves in the humanitarian sector long-term. The main reason for their planned exits from the humanitarian sector was the wish to have a family at some point in life. Women implicitly and explicitly equated this wish with the need to quit their profession as humanitarian worker: combining this type of job with family life seemed difficult to them. Greta put it bluntly: "It is a challenge to have it all." Aurora was even more absolute and considered combining her job with her definition of a fulfilled private life as impossible. Aurora highlighted that she liked her job and thus would want to stay in the sector for a while. At some point, however, she wants to be more focused on her private life, find someone to settle down with and start a family.

Also Sinead's account revealed that she struggled to reconcile work and the possibility of future family life:

"At one point (…) I want to have a family, so at one point you have to decide and settle down. It is hard though as you have to decide, you have to give up this for something else, because you can't really do both."

Laura explicitly connected work in the sector with instability, which she did not want to experience once she is 40 years old. Thus, she attached a clear timeline to her future plans: "I put a limit – 32. I will do it for six more years, then I will settle, I want a family, a stable job."

Age may matter at work but loses its meaning in the private sphere: Age came up multiple times in the context of identity-shaping factors. While most women mentioned that age played a role in their work life, the ways in which this manifested differed between participants. Further, the interviews show that according to women, age lost its meaning in the private sphere.

Ella, for instance, mentioned that age played a role at work. She equated her young age with being inexperienced and considered this situation an advantage. She felt

that being young and inexperienced put her in a "more flexible position", which she in turn utilized to get around more easily and learn.

Laura evaluated the situation regarding the role of age through a different lens. She referred to the relationships between women in the sector and described these as follows:

"(…) women are not always gentle to each other either. There is a sense of competition I think sometimes. I mean this is a personal opinion, not backed up by any study, but all the older women who had to get through a lot to get to this position are in a conflicted position with the younger women in the sector, because it is a relationship of power. [They think] 'I had to fight to be in this position, and you come in with your ideas and you disagree with me'. I think there are these dynamics between women, as well."

Greta mentioned a specific situation experienced by her comparatively young supervisor. According to Greta, this supervisor oftentimes "has to emphasize that she is the boss", especially when working with government counterparts. Even though these situations did not require action form her personally, Greta considered these moments faced by her boss as "quite annoying". At the same time though, she highlighted that neither the role age played in the sector nor her own young age intimidated her.

Sinead offered a more complex view and said age was hard to differentiate from gender. Similarly, Aurora questioned how much age really played a role as opposed to other factors: she referred to a specific situation in which she did not get a job she had applied for, given that she "was not senior enough." However, the woman the organization eventually hired for the positions "was one year younger" and started with Aurora as an intern. This suggests that authorities in the sector considered age as a legitimate reason to facilitate or hamper career progress.

A different picture emerged when Sinead spoke about age with regards to the private sphere. In this context, age lost its meaning. Sinead commented, "I feel people regress here a bit." She then equated living in Juba with her college years, rather than with adults living together.

Laura shared Sinead's opinion. She highlighted that in Juba, age did not apply to anyone and expressed a strong dislike for this situation: "You can find men and women

around their 50ies behaving like me, I am 26. It is something that really drives me crazy." Laura made it very clear that this was not the life she wants to live: "I really do not want to end up being a woman of 50 behaving like in her 20s - parties every night, being stupid with guys."

Being international staff makes a difference: Most female participants concluded that being recruited as international staff made a difference. This difference intersected with gender and influenced one's position within the humanitarian system. As demonstrated as part of an earlier sub-theme, being a woman in the humanitarian sector was perceived as tough. However, as compared to being a South Sudanese woman, being an international woman, a khawaja, brought some relief. The reasons for this were largely rooted in prevailing gender inequalities in the local culture: "I think it is more difficult if you are a South Sudanese woman", Julie said. This was even more so the case in field locations, where "the dynamics between different ethnic groups" stood out more.

Sinead provided two typical examples of inequality between national and international staff with regards to access to services. Specifically, she referred to the aftermath of an incident that happened while she and her local team were working in the field:

"When I came back I was offered support, a lot of support, which was good. They did due diligence on that, they offered a lot to me, but I felt it wasn't the same level of support for my team who was with me and we went through that together."

This situation – "the differences between us and them" – manifested across humanitarian organizations. Sinead perceived such differential treatment as "distasteful".

Theme III: Good relationships determine joys and challenges

The exploration of women's experiences of rewards and challenges showed that it was the relationships with other human beings that determined the joys and challenges of hu-

manitarian work. Two sub-themes emerged: "Having good relationships with people is extremely fulfilling", and "Connecting with South Sudanese is challenging".

Having good relationships with people is extremely fulfilling: Having good relationships with beneficiaries and colleagues within and outside the organization was very important for women. Indeed, good relationships were perceived as rewarding – personally and professionally – and as influencing life in Juba positively. Ella, for instance, said that if she works with beneficiaries and sees "the smile of the mother's face, or the child is smiling as a reaction", she feels great. Such moments gave her energy and kept her going.

Women also felt they learned much through these caring and warm-hearted relationships they forged, about South Sudan but also in terms of personal development. Julie articulated this valuable experience as follows:

"I think it is extremely fulfilling to interact with people, otherwise I wouldn't interact. I think I wouldn't be the person I am today if I didn't work in this sector, just because of the people I met along my job, and because of the things I saw."

Good relationships and the communal spirit that came with them were also important to Sinead, who met "some really great friends" in South Sudan. She specially enjoyed the relationships she established with her team at work:

"Sometimes before Christmas we have a team dinner and make speeches, we get quite close because it is not an office environment, we go out. I got malaria, they took care of me, we had some very risky situations, you get close to your team. It was nice to go out and celebrate the achievements we made and also reflect on some of the challenges. For me it was a special moment."

Communal spirit generated through "sameness" was also important to Greta. She highlighted that she enjoyed being surrounded by people who shared similar interests, and worked on similar issues and toward the same goal. It was these interactions that made her "feel very alive."

Connecting with South Sudanese is challenging: The biggest recurring challenge women reported was to leave superficial friendliness behind and connect more deeply with the South Sudanese population, including beneficiaries and especially national staff. Female participants pointed out that they found the divide between locals and expatriates much stronger than in other countries they worked in before. They identified a variety of reasons for this divide, one of them being cultural values, such as a high level of pride. With regards to her national colleagues, Aurora noted the following: "It is really difficult for them to receive critique. Even if you want to be constructive, (…) it is still difficult for them to accept." She also mentioned distinct expectations on the humanitarian sector and what international staff were supposed to deliver as key barrier: "They have demands that we may not be able to meet because of funding, logistical challenges, whatever reason, but of course for them that is not a valid argument."

Julie referred to the transience of Juba as a humanitarian space in this context. She mentioned that South Sudanese "see so many khawajas come and go" and hypothesized that because of this, "they are not going to invest the time and effort", which was understandable. Julie also tried to explain the situation with the fact that international staff were usually in higher positions than national staff, but then realized that her explanation did not hold - this was also the case in other countries she had worked in, where she had close relations with national staff. Yet another reason women cited to make sense of the challenge to connect with South Sudanese colleagues was the traumatic history of the country. As Laura said:

"Here you can perfectly understand how life of men who have always only seen war can affect your life. With local staff – there is always fighting, everyone needs to have the final world. This attitude - in other countries people are kind and easy to have a talk with, but here…!"

Ella was the only woman who reflected more deeply on her own behaviour in the context of relationships with national staff, and how these made her feel:

"I want them to perform, the colleagues, I want them to work in a way that is comfortable to me, I feel I am pushing but nothing happens. I wonder why don't you understand. This requires a lot of energy."

She then mentioned that this behaviour of hers bothered her more than the perceived irresponsiveness of national staff: "I think it bothers me more in a way that I not always have patience. I am bothered more with my own behaviour than theirs. For me it is still the biggest challenge to somehow understand them." She closed with stating that despite all this, she did not want to complain too much about the South Sudanese, as this perpetuated the divide between national and international staff, "and you'll never get closer."

Theme IV: Humanitarian work challenges mental health, which needs to be addressed

Speaking with female participants about the relation of humanitarian work and mental health revealed that women found that humanitarian work challenged mental health. This was a situation that needed to be addressed through multiple actions. These perceptions are reflected in three sub-themes: "This work is emotionally challenging", "Organizational staff support is important", and "Talking to the right people and 'me-time' as primary coping mechanisms."

This work is emotionally challenging: When discussing mental health (rather than challenges of humanitarian work), most female interviewees were very open about the fact that their job at times caused them stress. The stress they reported resulted mainly from high workloads and high levels of responsibility. Greta said she at times was stressed and became "very upset", and Julie mentioned that her position was "really stressful", mainly because she navigated "between donors and staff." She lamented that if things did not go smoothly, people behaved towards her "in a rude way." This, in turn, added another level of stress to her life as it made her very angry: "Sometimes I just want to scream!" Aside from this component of her job, Julie talked about the feelings of pow-

erlessness and helplessness, and the consequence of witnessing human suffering without being able to provide support. All of these ultimately resulted in the feeling of guilt:

"I remember one woman, her baby was obviously sick, an ear infection, the baby was crying. She asked me for help, there was no clinic around, no doctor, and I had no qualification to help, I was just there for an assessment. I mean, it is so heart breaking, it is so unfair, isn't it? The desperation to go somewhere close to get your baby proper treatment, and we are just here with our shiny jackets asking them 'can you put stones to explain where you have a problem with crops and things.' You want to help them, but this was heart breaking. The only reaction you can have is 'I am so sorry, I can't do anything, I don't know what to do, there is no clinic, no health partner, I don't know what to do'".

Sinead experienced guilt, too, and expressed it explicitly. She described a situation in the field where, due to having slept in a soaked tent during rainy season, she developed a chest infection, diarrhoea and vomiting, all at the same time. Based on this she pointed out the interrelation of physical and mental health:

"You know you are just more physically exhausted. You are just tired, but also additional work is piling up. When you are tired, you are slower and make more mistakes, and then you feel you are not doing a good job. I mean I am not working 100 per cent because I know I am tired, but then you have this feeling of guilt, I haven't finished this report…!"

This statement not only describes Sinead's emotions; it also reflects a concerning downward spiral.

Organizational staff support is important: The analysis showed that support provided by their respective organizations was important to female participants in order to feel comfortable and safe. Laura for instance stated that at least counselling should be provided. Ella emphasized she would appreciate "the benefits of going to a psychologist", as she sometimes missed such consultations in South Sudan. Ella also said it was very important to her to have a supervisor who listens and attends to her situation. She underlined her request with an example from a car accident she had had in the previous year:

"The country representative at that time came to me and said: 'Wow, that is quite a story you had over there'. I said, 'yes, but maybe I would like to discuss this on Monday', and she said 'I don't know if I will have time for that next week.' I thought now you have completely lost me. So that is why I am saying I want a boss who is really listening to you."

Also Sinead experienced an incident that was "scary." This incident contributed to her decision to not renew her contract: "I am not willing to risk my life for this level of impact that we are having." While she was offered encompassing support from her organization, and the organization did "due diligence on that", none of her national staff had done any safety training. This situation, the unequal access to support and services, and the lack of accountability, affected Sinead to an extent that she refused to go on any further missions:

"(…) I thought you know what, no, I am not comfortable to go out to the field, none of my staff has done any safety training, its quite minimal. I think everyone understands the risk but I think there is a lack of agency. They say they will look into it but at the end I refused to go. They risk their life for this organization and you can't give them a security training…!"

Aurora highlighted the need for staff support, too. In her opinion, "staff support should be 360 degrees" and thus provided to national and international staff. In her previous organizations such support was marginal, which made her "feel lost". Aurora emphasized that encompassing staff support "can actually help" and had a positive impact on staff's mental health.

Talking to the right people and "me-time" as primary coping mechanisms: Talking to trusted people was a common coping mechanism for women. Ella appreciated living with other expats in this context, as this allowed her to vent her feelings in front of people who understood her situation.

Aurora had a similar opinion. She emphasized that in cases of distress her family or friends at home were not the right people to go to. This was due to their limited under-

standing of her circumstances and their advice, which was of little use to her particular circumstances in South Sudan. Rather, Aurora said, "the best support comes from your colleagues, because they know the challenges, they know the job." This support was also one key reason why she established good relationships with her colleagues.

Julie, too, emphasized that venting was important, and that the person had to be chosen carefully to receive adequate guidance, but also to prevent further damage in an emotionally heated environment with very limited privacy: "You know, sometimes you just want to vent and be a massive baby, and you know you are a massive baby, but this is not good when you talk to the wrong person."

Female participants, especially Julie, Laura, Greta, and Sinead, also considered spending time by themselves as an important coping mechanism. Julie communicated this need in the following way: "I have a cigarette, I breathe, I go in my bubble where I watch videos. I just need to be left alone for a while." Sinead made her point in a similar way: "When there is a lot of noise and people, you have to be on your own and kind of monitor." Thus, this need for "me-time" women expressed referred less to emotional numbing or detachment. Women rather used this time to reflect, calm down, and start the next day with new energy and motivation.

6.3 Discussion

This multi-perspective IPA study facilitated in-depth, meaning-led analysis of the lived experiences of male and female international humanitarian workers. That this study applied a gender lens must also be taken into account in the discussion of its results: these must be interpreted in this particular context, given that a different set-up of groups along other identity-shaping factors, such as age or nationality, would have most certainly crystallized other components of life in the crisis setting of South Sudan. For instance, it is likely that women's wish to have a family and the challenge of reconciling work and private life would have not come out as clearly through the comparison of humanitarian workers along nationality.

As the data analysis and presentation of results revealed, there are some differences in perception within the groups of men and women. Overall, however, similarities outweighed these differences and allowed for the formulation of four themes and several sub-themes for each group. In the following, I discuss the similarities and differences between these themes and sub-themes along the four constructs that served as structure for the semi-structured interviews: "The humanitarian space of Juba", "Identity-related factors influencing one's experience", "Rewards and challenges", and "Humanitarian work and mental health". Where applicable, I return to the interviewees excluded from IPA to provide additional context. I embed the findings in the current literature on humanitarian workers, information received from informants, and personal observations of mine gained while on site.

6.3.1. The humanitarian space of Juba

Overall, men perceived Juba as a duty station that is easier than other places, such as Afghanistan and Iraq, especially given the comparatively high level of freedom of movement they enjoyed in South Sudan's capital. Men also perceived Juba as a party hotspot. In contrast to men, women referred more to the social aspects of life, including the quality of their relationships with other people, when asked about their perception of life in Juba. As such, the interviews crystallized the contrast between a vibrant social scene and a deep-rooted feeling of loneliness that characterizes the humanitarian space of Juba. This finding is surprising given that the literature on humanitarian workers mentioned intense friendships with diverse people as a frequently cited reward by humanitarian workers of their profession (Blaque-Belair, 2003; Bortolotti, 2004; Cain et al., 2004; Kleinman, 2006). Two explanations for this paradox emerged, namely people's lack of energy for deeper, more meaningful conversations and connections, and a lack of trust among humanitarian workers. One interviewee excluded from IPA, Anteo, had almost reached retirement age after having spent his career working in development in Africa. Holding a PhD and considering himself an intellectual person, he said, "here, one needs someone to stimulate a discussion. Otherwise, it is very hard to bring up the energy." As especially

the interviews with women showed, finding this "someone" can be challenging in Juba. Fabio, an informant who worked as staff counsellor in South Sudan further mentioned, "for some people, this kind of job is all they do. They go from one E duty station to the next E duty station. So, there is not much more, it is hard for them to talk about anything else." My personal observation suggests that already young people with not much work experience hardly had intellectual discussions, or deeper conversations about topics other than work: their talks over lunch, dinner, and at the bar were largely centred on visa issues, deportation, and other anecdotes related to life in South Sudan. In line with this observation, several study participants stated during or after the interview they had not thought about some of the questions raised before. Pedro, an interviewee from the US who worked for a humanitarian organization in Juba, identified a lack of trust among humanitarians as another key issue that prevents connection: "Everyone is a gossipy motherfucker. (…) Everyone engages in pillow talk, so it's out there. Nothing is a secret. And you can trade such information."

Surprisingly, neither men nor women referred much to the risks associated with the humanitarian space of Juba based on which obvious and restricting security rules, such as curfews, were established; rather, men in particular emphasized that Juba was not as restricting as other places. Participant's description of their immediate environment thus does not match the official classification of South Sudan as hardship duty station, and the ranking as most dangerous country for aid workers globally. It also does not match the informal information provided by Yury and Erik, two informants working as NGO security officers in Juba. Independently from each other, Yury and Erik explicitly mentioned that South Sudan's security situation was unique and the setting more dangerous for humanitarian workers than places like Afghanistan and Iraq. While in these countries it was obvious what the threats were and how to mitigate the respective risks, the situation in South Sudan was much more unclear. According to Yury and Erik, humanitarian organizations in South Sudan are oftentimes not the direct target, but collateral damage of the conflict between the warring parties. Given this very complicated scenario made up of a multiplicity of political, tribal and other issues, the situation in the country could easily flare up at any time. Hence, security personnel referred to Juba amongst

themselves as the "benign tinderbox – an unpredictable situation, a thing that can light up out of nothing" (Erik). This suggests a strong discrepancy between the very broad spectrum of actual risks as identified by trained personnel, and the very limited perceived risks of both male and female humanitarian workers. Thus, participants' experiences are in line with humanitarian workers' different understanding of security as documented in the literature (Bergman, 2003a; Roth, 2015b). Connecting this situation with JDR theory, it seems humanitarian workers underestimated scope and severity of limited safety and security as an objective job demand pertinent to their immediate work environment. This finding suggests that it in some cases it is not straightforward to identify job demands, and raises the question if job demands are to be defined based on objective assessments or subjective perceptions.

6.3.2 Identity-related factors shaping one's experience on site

Overall, the analysis revealed three identity-shaping factors that influenced humanitarian workers' lives in Juba. These are gender, age and nationality/region of origin. However, male and female participants differed regarding the extent and way in which they perceived these factors to impact their lives.

Beginning with gender, both groups found that gender mattered: being a man made life in Juba easier, while being a woman was tough for most. This reconfirms the great importance of taking a gender approach to humanitarian work as emphasized by Gritti (2015). Where gender differences came out most clearly was in the context of reconciling work and family life. While men did not touch upon this topic at all, women felt having to chose between a career in the sector and having a family: while none of them had a family yet, women anticipated "having it all" to be challenging if not impossible. This finding is in line with the universal challenge of reconciling family and work life women across countries and occupational groups face. It is also in line with the sector-specific findings from Gritti (2015) and Roth (2015b), who studied the role of gender in aid work, identified personal risk factors as one of four sources of stress women face, and specifically highlighted their struggle with the "family versus career dilemma" (Gritti,

2015, p. 458). Surprisingly though, none of the female study participants brought up the option to apply for a Headquarter or Regional Bureau position as remedy, or request the introduction of staff rotation systems as implemented by some organizations, such as UNHCR (Devadason, 2012). While this may not solve the identified challenge fully (Curling & Simmons, 2010), being based in such duty stations (as opposed to being based in non-family duty stations) at least presents an environment that allows for starting a family. It may be that study participants were not fully aware of this option, given their young age and their limited work experience with larger organizations that offer such opportunities as job resource.

In light of the well-documented gender dimension of aid work (Gritti, 2015, 2018; Roth, 2015b), the patriarchal structure of society that prevails in South Sudan, and the reported cases of gender-based violence against humanitarian workers in Juba and elsewhere in the country (Norbert, 2015), it is surprising that study participants, particularly women, did not touch upon the topic of gender in greater depth. While this finding is challenging to explain, the fact that gender discrimination was much worse in the field as compared to Juba, specifically in terms of sexual harassment of female humanitarian workers, may be part of the reason: Fabio, an informant working as staff counsellor, emphasized that in the field, "sexual harassment is exacerbated because there is nowhere else to go and nothing else to do." Another potential explanation is that despite being well educated, study participants may have not always recognized misconduct when it occurred. Based on my personal experience in the sector, humanitarian workers' knowledge on gender is oftentimes limited and few have received training on the manifold (and at times at first glance subtle) forms in which gender-based discrimination can manifest. Further, if recognized, particularly female victims and witnesses may not speak out against misconduct precisely because of their usually lower status in the sector's hierarchy, unequal power relations that come with this situation, and limited safeguarding (Charity Commission for England and Wales, 2019). In the absence of job resources supporting witnesses or victims to speak out, and instead of filing formal complaints that may or may not lead to sustainable improvements, some women adopted behaviours that allowed them to utilize the prevailing dynamics for their own purposes: Jelena, an in-

formant in a managerial position, said she felt like a "Machiavellian bitch" in this regard, in that she did things that are "professionally needed." This included using her femininity to set up meetings and gain access to information.

While age played a particularly important role for men in this study, this factor was not as important for women, especially not with regards to the work sphere. All men that participated in this study were comparatively young, yet most of them held leadership positions that required interaction with other and mainly older senior managers and Head of Offices. Given this particular circumstance it is not surprising that age was perceived as very relevant, and seemingly more relevant than in the research undertaken by Roth (2015b). Another reason for the importance of age likely relates to South Sudanese society, where decision-making power in formal settings depends on age, experience, gender, and religion (Global Affairs Canada, 2018).

While men distinguished humanitarian workers' origin along the lines of being from the African region or elsewhere, women focused on the more common categorization of national versus international staff. The leadership positions men held again helps making sense of this situation, given that some of them approached the question of origin from a human resource point of view. Erik, however, one of the informants who worked as security officer, reported he observed discrimination based on jealousy from South Sudanese staff against other Africans, specifically East Africans, who were hired as international staff. This suggests a much more complex situation regarding intra-organizational dynamics than commonly discussed among humanitarian workers and within the literature. These dynamics are not well researched and understood yet.

Both women and men highlighted the intersection of gender, age and nationality/origin, even though in slightly different ways. This finding is again in line with those of Gritti (2018) and Roth (2015c), both of whom pointed out the importance of taking an intersectional approach to aid work. However, it stands out that Roth (2015b) and Gritti (2018) found more interconnected, identity-shaping factors that mattered than this study, such as class and marital status. The question on identity-shaping factors was perceived as challenging by some study participants, which likely contributes to this difference in findings. Further, Roth (2015b) and Gritti's (2018) study participants included a very

wide range of professionals when compared to the small and homogenous groups that built the basis of this study. The importance of strata such as age, gender, and nationality in shaping humanitarian workers' lived experiences, including aspects that hamper or support job performance, suggests that the perception of job demands and job and personal resources and the utilization of job resources are dependent on these factors, too.

6.3.3 Rewards and challenges of life on site

Overall, both women and men reported a rather small number of rewards and challenges, especially when compared to the multiplicity of rewards and challenges discussed in the literature on humanitarian workers (e.g., Kleinman, 2006; Malkki, 2015; Roth, 2015b). Men focused predominantly on aspects directly related to work in this context, while female humanitarian workers put much more focus on the social aspects of life on site and their relationships with others. This constellation echoes common gender stereotypes (Ellemers, 2018). Thus, it contradicts the "masculinization of aid work" Gritti (2018) found among female staff, which refers to women deliberately adapting masculine behaviour with the objective to achieve acceptance in the sector – a process that my study did not confirm. The gendered perception of rewards and challenges shows that gender (and other identity-shaping factors) indeed influences the perception of job demands and job resources in the context of this study.

The unprofessionalism and its consequences male participants mentioned as their major challenge mirrors the commonly cited criticism of the humanitarian system. This concerns particularly the limited coordination and competition between organizations, humanitarian workers' craving for power, and the high levels of responsibility alongside widespread impunity and lack of accountability (Charity Commission for England and Wales, 2019; Roth, 2015b) – in essence, it was a specific imbalance of job demands and job resources that caused them feelings of frustration. Interestingly though, men hardly spoke about their personal sorrows and potential limits of their own capacities in the con-

text of challenges. They neither mentioned commonly cited stressors in the literature, such as high workload, status of contract, family concerns, or concerns related to the political, economic, or social situation in the country (UNICEF, 2009; Welton-Mitchell, 2013). Women spoke much more openly about experiencing high levels of stress. However, they referred to these experiences not in the context of challenges, but in the context of the relationship between humanitarian work and mental health. In terms of challenges, women referred exclusively to their relationships with South Sudanese. Interpersonal tensions between national and international staff are well documented in the literature, too, and different contract modalities are one frequently cited explanation for these stigmatized (e.g., Roth, 2015b; Stoddard et al., 2011). Different contract modalities likely also play a key role in the context of South Sudan: for instance, international staff were evacuated by their organizations twice in the country's young history. However, national staff were left behind both times. Thinking further, female study participants explained the tensions between the two occupational sub-groups of national and international staff through culture and the country's history of conflict. Anteo, an interviewee who had decades of experience working in Africa, used the example of a soccer match at a local school to further substantiate this thinking. This match, he explained, had to be stopped due to heated conflict among the students:

"People here have never learned how to lose - they think they can only sort out things by fighting. There can be only a winner if there is a loser. And the loser is the one who has been defeated. If you listen to young people, this is the observation. Some don't want to follow this line, but it is not easy if your family expects you to go along with revenge."

Indeed, even though on a very small scale, this situation mirrors the country's history of decades of civil war.

6.3.4 The relation of humanitarian work and mental health

Men reported that overall, they are doing well emotionally, and that their work had a positive impact on their mental health. While they rudimentarily referred to past mental health issues caused by their work, they noted that with more experience in the sector

they had learned how to navigate their emotions better; additional time spent in the sector had strengthened their personal resources. Nevertheless, it stood out that men were overall not particularly concrete and open about their personal struggles. Quentin, an interviewee from the US working for a humanitarian organization in Juba, commented on this observation as follows: "People don't talk a lot about stress, you are supposed to be ok with it." He then provided an example of an experience in the field that had caused him much fear to substantiate his conclusion:

"I worried bringing it up would mean to be seen as someone who is not ready for this work. So I wouldn't want to go out [to the field] the next week, they [his colleagues] probably knew that, but it didn't seem to be helpful for me and my career to say how stressed I am. People could probably be more open to it if they wanted to, but it seems you have to bring it up yourself all the time."

Similarly, Yury said he thinks humanitarian workers don't want to seem weak and thus don't admit they can't take it: "The pressure on these youngsters is high, and they perceive their stay in South Sudan as determining their entire career – all while being based in places probably not many people should ever go." Kyle, an informant holding a high-ranking position in the humanitarian response in South Sudan, confirmed this: "There is a stereotype of the aid worker being a tough person – it is unspoken but it is in people's heads. They think they may risk their next appointment." These findings and additional accounts are in line with the literature on humanitarian workers, which noted that seeking help is stigmatized (Hearns, 2017), and ascribed a "masculine culture" and "cowboy mentality" to the profession (Blake, 2017; Pauletto, 2017). The findings also match my personal observation: several interviewees reached out to me after our meeting, noting that they perceived the interview as "cathartic": by sharing their thoughts and feelings they had broken the culture of silence dominating their everyday lives. Assessed in light of JDR theory, this finding indicates that humanitarian workers, particularly male staff, may shy away from utilizing certain job resources, such as psychosocial support delivered through staff counsellors, in times of need.

As mentioned before, women approached this part of the interview differently, which suggests that gender played a role in determining the degree of openness in con-

versations about emotions and mental health. Overall, women were more vocal and detailed about the severe stress they at times experience due to their job. Women also reported feelings of guilt in this context – guilt about not doing enough to address beneficiaries' suffering, or about not doing it well enough due to exhaustion. Both, the experience of severe stress and the feeling of guilt are typical components of humanitarian work and well documented in the literature (e.g., Curling & Simmons, 2010; Kleinman, 2006; Malkki, 2015; Orbinski, 2008). Like this study, some of the previous research found gender differences in perceived stress, too. For example, Curling and Simmons (2010) discovered that female staff reported higher levels of stress than their male colleagues. Furthermore, the processes women described match JDR theory's proposition that job strain impacts work performance negatively.

In terms of coping, men put more focus on monitoring their own mental health, while women highlighted the importance of staff support in this context. Thus, men associated coping with personal resources, while women referred to job resources and personal resources in this context. In terms of specific coping strategies, men reported detachment as helpful measure, while women found spending time by themselves to relax and reflect useful. Both considered talking with trusted people as crucial in the context of dealing with stress. The latter finding, communicating with colleagues and friends in the sector as an important strategy to release stress, is in line with the literature and autobiographical reports from international humanitarian workers (e.g., "Secret aid worker", 2016b; Alexander, 2013). Furthermore, albeit not while discussing coping, women and men talked about the excessive party culture and the heavy use of alcohol in Juba. Pedro confirmed this, adding the substances caffeine and cigarettes: "Every party is coded in cigarette buts. (...) Social life is completely filled with strong caffeine and alcohol. The [humanitarian] response runs on coffee and alcohol. I drink a lot of coffee with other people, it is part of my job." Based on their statements, study participants did not use excessive drinking as coping strategy. However, my personal observation during the interviews revealed that particularly female participants smoked tobacco cigarettes. Strictly speaking, getting together with colleagues for coffee and drinks during and after working hours, respectively, gives the impression of a social climate and can be understood as

supporting humanitarian workers in "be(ing) functional in achieving work goals" (Demerouti et al., 2001, p. 501), thus qualifying as job resource. In the long run though, such habits have the potential to affect humanitarian workers health negatively. This finding thus crystallizes a tension between job resources, which are generally expected to be motivating and lead to work engagement, and the risks job resources can bear in the context of the study at hand.

6.3.5 Applicability of JDR theory

The second part of my study, the focused qualitative phase, investigated components of both, the health impairment process and the motivational process of JDR theory, and provided space for the discovery of interactions and underlying mechansims based on humanitarian workers' lived experiences. Overall, the theory lent itself well as a framework for the focused qualitative phase, and my findings confirmed vital propositions, such as job strain impacts job performance negatively (proposition 6). However, the focused qualitative phase also generated findings that challenge some of the propositions in their current form and point to the need for a more nuanced version of JDR theory if applied to humanitarian contexts similar to the one of this study: first, the perception of job demands and job and personal resources is dependent on identity-shaping factors such as gender, age, and nationality. Second, humanitarian workers shy away from utilizing certain job resources. Third, job resources can be enabling aspects of the job that help humanitarian workers to achieve work goals, while at the same time bear the risk of impacting their health negatively.

6.4 Limitations

This focused qualitative phase has four main limitations that must be considered in the evaluation of the findings: first, the small sample size, chosen sampling procedure, and

inclusion criteria likely influenced the results of this study; the themes and sub-themes that emerged are not generalizable but only valid for a particular sub-set of the humanitarian community. However, qualitative research results are rarely expected to be generalizable (Leung, 2015). The results of this study rather represent a thick description of the lived experiences of a homogenous group of male and female humanitarian workers in Juba. As such they provide valuable insights and enrich the literature. Furthermore, the presented pen-portraits of all study participants and the encompassing information provided on the study context South Sudan and Juba, provide information relevant to draw conclusions on the transferability of the results: the pen-portraits show that study participants have much in common with other international humanitarian workers, for instance in terms of motivation and life course as presented in the literature review of this thesis. While the study context South Sudan is unique, some features of life in the capital are comparable to life in other crisis settings. Examples are the curfew that organizations also impose in places like Bangui in Central African Republic, and the high staff turnover (Dadié, 2015). In addition, another study on international humanitarian workers' mental health found that the vast majority of them are - as my study participants - of young age (Lopes Cardozo et al., 2005), which further supports transferability.

The second limitation of this research phase relates to group size: with four men and six women as study participants, the two groups that were studied are unequal in size. This may have impacted the results and is thus suboptimal. However, given the rationale behind IPA, establishing homogenous groups was prioritized over establishing groups equal in size. This proceeding is in line with other IPA studies (e.g., Lalonde, 2014; Xuereba et al., 2016).

Third, IPA depends on interviewees' ability to articulate their experiences. Some people consider this generally challenging. In the context of this study, articulating experiences may have been particularly challenging given its focus on the sensitive topic of mental health. Thus, participants may have not shared all of their experiences, feelings and thoughts during the interview. In order to minimize this limitation I granted participants confidentiality and anonymity, and built rapport to the extent possible in the restricted time available.

The fourth limitation refers to my identity as researcher and its effects on participants: especially being a woman may have impacted the answers provided, particularly those from men. Similarly, the fact that I have worked in Juba before influenced questions and responses, and the interpretation thereof. I mitigated this limitation through the reflexivity statement at the beginning of this chapter.

7 Findings: organizational staff support in South Sudan

This chapter presents the evaluation phase of this study. Originally, the fieldwork in South Sudan was exclusively dedicated to the implementation of the focused qualitative phase on the research of humanitarian workers' lived experiences. However, during the planning phase of this fieldwork, some NGOs active in South Sudan, especially the Agency for Technical Cooperation and Development (ACTED), expressed a strong interest in practice-oriented research in the particular area of organizational staff support. Specifically, NGOs were interested in learning about other organizations' current service provision, the gaps and challenges in the delivery thereof, as well as achievements and good practices.

As a response to this request, I expanded the fieldwork's original focus, and the adjusted objective of my time in South Sudan included the gathering of qualitative data related to NGO staff support services. ACTED South Sudan supported the planning and implementation of this additional research component, and QMU granted ethical clearance.

Given its specific focus on organizational staff support in South Sudan, this additional research is of great relevance for this study. In the light of JDR theory, it focuses on the organizational level and examines the availability and access of humanitarian workers to job resources, including challenges and good practices connected therewith. Thus, I retrospectively decided to incorporate this research into my thesis in the form of a third component, the evaluation phase. While I present the material in an individual chapter, I largely maintain the style of a typical evaluation report.

This chapter begins with an introduction of the methods used, including information on evaluation research, eligibility criteria for participation, sampling strategy, and data collection and analysis (section 7.1). I then present the results disaggregated by organization type (section 7.2), followed by a discussion of the findings (section 7.3). The chapter closes with an overview of the limitations of this third and last component of my research (section 7.4).

7.1 Methods

7.1.1 Evaluation research

While a universal definition of evaluation research does not exist, the literature generally understand it "as a type of study that uses standard social research methods for evaluative purposes, as a specific research methodology, and as an assessment process that employs special techniques unique to the evaluation of social programs" (Powell, 2006, p. 102). Accordingly, evaluation research is a form of applied research with one of its key objectives being to produce "useful feedback" (Trochim, 2006). This feedback is oftentimes utilized in the context of decision making and with the intent to improve something – here the provision of staff support services.

There are many different types of evaluations. One common distinction made in the literature is that between formative and summative evaluations. While formative evaluations focus on improving and strengthening the evaluated activity or institution, summative evaluations focus on the outcome of some activity or institution (Powell, 2006). Here, I use the framework of formative evaluations. Specifically, I evaluate staff support services provided by NGOs in South Sudan with the objective to provide a basis for their improvement.

7.1.2 Eligibility criteria

As a first step, I developed eligibility criteria that organizations had to fulfil in order to participate in the research. These criteria were as follows:

- being listed as a member of the South Sudan NGO Forum;
- having operated in South Sudan for one year or longer; and
- employing a minimum of 20 staff in South Sudan.

The NGO Forum serves as an independent networking entity of NGOs operating in South Sudan. Its mission is to "effectively support members in the principled delivery of aid assistance to save lives and improve lives in South Sudan" (NGO Forum South Sudan, 2020). Including through the opportunity for members to share expertise and exchange information, the Forum presents an important body in the humanitarian response. Further, and of particular importance in the context of this research, engaging with the Forum and its listed members facilitated easy outreach to and communication with NGOs. I introduced requirements on the time operated in South Sudan and the minimum number of staff employed in the country to ensure the existence of formalized organizational policies (Ager et al., 2012). NGOs that fulfilled these three criteria constituted the sampling frame of this study.

7.1.3 Sampling strategy

I applied a two-step sampling procedure, including self-selection sampling, followed by maximum variation sampling. Self-selection sampling is a type of convenience sampling, that comprises of subjects who voluntarily chose to participate in the research, usually as a response to a call to come forward when fulfilling certain characteristics (Colman, 2014).

In the context of this research, self-selection sampling meant that organizations participated of their own accord. This type of sampling has some obvious drawbacks, such as the frequently occurring self-selection bias – a bias resulting from a correlation between the research topic and participants' propensity for study participation, which leads to a sample that does not reflect the target population well (Sage researchmethods, 2008), and thus has implications on the generalizability of the results. Nevertheless, I chose this sampling procedure as it ensured the required commitment and interest in the research – a very important factor in the context of this study, not least given the limited time and challenging conditions under which I conducted this research.

As a first measure, the research was announced and explained by the ACTED representative to South Sudan NGO Forum members. This included the circulation of a

brief research proposal by email through the ACTED representative. This research proposal included my contact details and the request for interested organizations to contact me to jointly reconfirm their eligibility for participation based on the above-mentioned criteria. If eligible for participation, I requested organizations to provide more precise information on the following four components:

- number and composition of workforce in South Sudan (national/international staff);
- years active in South Sudan;
- availability/absence of separate staff support policy; and
- additional staff care measures/initiatives provided to staff in South Sudan (other than those specified in the staff support policy).

I then reviewed the sample of all confirmed organizations with a focus on the following two criteria that served to generate a holistic understanding of staff support on the one hand, and feasibility of the study on the other:

- diversity regarding the above-listed information (e.g., number of staff); and
- diversity of organization type (minimum: 3 NNGOs, 3 INGOs; maximum: 7 NNGOs, 7 INGOs).

The self-selection sampling procedure did not reach the desired diversity with regards to NNGOs/INGOs: the number of confirmed INGOs was too low. Specifically, only one INGO had reached out to me and confirmed its participation. In order to address this situation I applied maximum variation sampling. This sampling strategy belongs to the group of purposive sampling strategies, too, but specifically aims at capturing diversity. As such, it facilitates both, documenting uniqueness, as well as identifying patterns across cases (Suri, 2011). In accordance with this aim and technique, I identified eligible INGOs based on the list of NGO Forum members and suggestions received from the ACTED representative: having worked with INGO colleagues in South Sudan for multiple years, I

utilized the ACTED representative's knowledge about which organizations may be interested the research topic and study participation. I contacted the identified INGOs one after another to explore their interest. I continued this process four times (two organizations did not respond to my request), and then the desired minimum level of diversity (i.e., participation of three INGOs) was reached.

7.1.4 Data collection and analysis

I began the data collection process with a desk review prior to traveling to South Sudan. This desk review included relevant South Sudanese laws, organizations' mission statements, profiles, and, where available, human resource (HR) and staff support policies. This first step was followed by field research in Juba, which took place over the course of four weeks between January and February 2018. During this time on site, I arranged appointments with participating organizations at a place and time convenient for them. I developed an interview schedule and, based on this, conducted semi-structured interviews with organizations' Country Directors or experienced HR Officers (Annex 3). I requested to talk to these staff for the following reasons: it is usually HR officers whose responsibility it is to know the organization's rules regarding services and benefits that are commonly understood as staff support, such as leave and sick days, and the provision of counselling. As part of their tasks they also approve respective requests. Country Directors are usually also well aware of the organizations policies and usually briefed by HR officers and staff about concerns related to staff support. All interviews were conducted in English and took between 30 and 60 minutes. I audio-recorded all interviews, imported the files into NVivo12 and transcribed them.

I analysed the data with a focus on three components: first, organizations' staff support systems and the main services currently provided (some organizations offered additional services to specific groups of staff or under specific circumstances, such as particular hardship. I focused on the "bigger picture" of service provision). Second, the challenges and gaps organizations faced in the provision of staff support. Third, achievements and good practices they identified in the context of staff support.

As with the focused qualitative phase, I complemented the formal interviews with informal conversations with informants working in the area of staff support, and personal observations. These additional conversations were not recorded; I took notes instead. Where applicable, I reflect informants' accounts and share my personal observations in the discussion section of this chapter.

Participating organizations, Country Directors or experienced HR Officers, and informants were granted confidentiality. I replaced their names with pseudonyms.

7.2 Results

7.2.1 South Sudan labour law

Understanding the national labour law is important in the context of staff support, given that INGOs and NNGOs active in South Sudan must follow this law with regards to the employment of national staff. The current labour law, which explicitly covers employment of national staff, was adjusted in early 2018. Among other requirements, organizations must now grant female national staff three months of maternity leave. Fathers have the right to take 14 days off. Further, organizations must pay a termination benefit to their national staff. This includes two components: first, a national security withholding throughout employment (25% of staff's salary for every month worked with the organization, whereby 8% are contributed by staff and 17% added by the organization); and second, gratuity (one month salary for every year worked with the organization) (Ministry of Justice, 2017). The labour law was adjusted only after the field research took place. While some organizations already had respective provisions in place, the policies of other organizations were not yet updated.

7.2.2 Group of NNGOs

7.2.2.1 NNGO 1

Profile

NNGO 1 was founded with the objective to serve vulnerable populations in deserted areas of South Sudan. A group of South Sudanese nationals established the organization as a response to the crisis the country is experiencing. Key areas of intervention included health, nutrition, food security and WASH. NNGO 1 also implemented activities in the areas of protection, mine risk education, and peace building. The organization operated mainly in the greater upper Nile region, the greater Bar-El-Gazhal region, and the greater Equatoria region.

At the time of the evaluation, NNGO 1 employed 19 national and one international staff. The organization did not have a separate staff support policy and the written profile that outlines the organization's vision, mission and core areas of intervention does not include any references to HR practices in general and staff support in particular. However, NNGO 1 highlighted its strong commitment to improving its current staff support services and aimed at creating a sustainable funding mechanism to be able to expand its support to its workforce: "[Staff support] is important because this will motivate the workers, it makes them feel at home, foreign workers are attracted when we provide this for them" (Representative from NNGO 1).

NNGO 1 had heard that other humanitarian organizations had guidelines for staff support. However, the organization was not familiar with widely referenced guidelines, such as those prepared by the Antares Foundation (2012) or the IASC (2007).

Staff support system

The only constant service provided by NNGO 1 for its national and international staff was board and lodging. Specifically, the organization provided women and men with separate bedrooms, and all staff had access to water and food. The organization rented the accommodation and used personal funds from its executive members to cover the costs.

If staff fell sick, NNGO 1 granted the option to see a doctor of the staff member's choice, including outside South Sudan if need be. The incurred costs were also covered through personal contributions from the organization's executive members.

In order to minimize the risk of incidents in the field, the organization considered gender with regards to the recruitment of staff for certain project sites: it preferred sending men, rather than women, to environments that are well known to be of high risk for gender-based violence.

The organization collected basic data on incidents, such as injuries and cases of sickness. If staff falls sick, they were required to fill out a sick leave form. However, the organization did not administer systematic, encompassing records aside from these forms. NNGO 1 had also carried out one staff survey. This survey included questions for staff as to how organizational welfare services could be improved.

Despite the organization's limited service provision, the representative from NNGO 1 had a rather broad understanding of staff support:

"Staff support means that standard care is provided by the organization, for example insurance covers, such as medical insurance and insurances that cover costs for evacuation, and accommodation for staff" (Representative from NNGO 1).

Reported gaps and challenges

At the time of the interview, NNGO 1 did not offer any type of insurance for its staff, neither health insurance nor any other form of insurance, such as life insurance. The organization highlighted this situation as one major gap in its current service provision. Related to this, NNGO 1 reported lack of mental health care as a huge challenge and identified especially the provision of psychosocial support as a much-needed intervention.

Another challenge the organization reported related to the area of transportation: NNGO 1 did not own a car. It hired taxis and paid other organizations that transported humanitarian workers to facilitate movement of their staff within Juba and across the

country. As a result, staff frequently stayed in remote field locations much longer than needed. Indeed, staff often had to wait for transport to be made available to them long after they had completed their tasks.

Closely related to the above is the issue of limited communication in some project sites. In remote areas, the organization had not yet installed Internet. Where Internet and phone connections were available they were at times very poor and affected by frequent interruptions. This, in turn, triggered a series of additional issues, such as limited coordination, and communication of issues and concerns staff may have had.

Generally, it was difficult for NNGO 1 to find donors to support their projects, and especially donors that were willed to pay for staff support services. The organization hoped to sign a contract with an external insurance company in the near future – for instance with Crown Insurance or a local provider – to be able to provide its staff with health insurance as a start.

Achievements and good practices

NNGO 1 reported improvements in its communication systems as a change that had many positive effects. The decision to install Internet in some field locations facilitated easier and more frequent communication between staff, including the reporting of issues and concerns to the Juba office in case of need. This action had also had a very positive effect on coordination and logistics.

The organization perceived the roll out of the staff survey as another useful activity. This survey had helped a great deal in identifying major gaps in service provision and needs and priorities of staff. Specifically, the survey results had identified limited communication and coordination as well as transportation as key issues to be addressed. Based on these findings, the organization had begun to take action on these issues.

7.2.2.2 NNGO 2

Profile

Founded by a team of South Sudanese professionals, NNGO 2 focused especially on food security towards achieving a society free from hunger, poverty and marginalization of vulnerable groups. The organization was also active in other areas, including the provision of water, HIV/AIDS prevention, and disaster risk reduction. NNGO 2 also invested in skill building and the delivery of services and goods to communities.

The organization employed a total of 28 staff at the time of the interview. This included nationals and internationals. It had a separate Procurement Policy and a recently updated HR Policy. These documents also outlined services and benefits provided to staff. NNGO 2 adhered to the Sphere standards, which detail provisions required to facilitate aid worker performance. The organization had not heard of any other widely referenced staff support guidelines.

Staff support played an important role for NNGO 2: "Staff support helps the organization to achieve its objectives, it motivates staff to work hard, and when they work hard we can achieve the objective of the organization".

Staff support system

As outlined in the organization's HR policy, staff support services included time off and compensation for additional hours worked. The HR policy also included a dedicated section on staff motivation. Support services under this section especially referred to trainings and mentorship, rewards, awards and promotions based on performance. The policy also included a section on staff grievances. The organization acknowledged its responsibility to address staff grievances and took note of respective issues through "grievance committees". These committees were formed in every field office and comprised by the heads of departments in the respective location. The committees met every Monday to identify and discuss urgent matters that had to be addressed. Vice versa, these meetings also served as an opportunity to brief staff and provide advice regarding their issues.

While NNGO 2 did not undertake surveys related to staff support, it carried out regular staff appraisals. These appraisals were an integral part of the organization's procedure to monitor progress and staff development. The tool also provided an opportunity for staff to evaluate and comment on the organization, including its leadership.

Although not specified in the HR policy, staff received health insurance for medical assistance within South Sudan. The organization covered 92% of the costs for this insurance. Staff also received allowances, such as transport allowance and hardship allowance, and had access to accommodation through the organization. In case staff experienced particular hardship, such as the loss of a family member, NNGO 2 offered "compassionate support" – individual contributions from the personal pocket of the organization's founders. Lastly, NNGO 2 occasionally organized parties and get-together events. These served as an opportunity for staff to socialize and exchange experiences.

There were some differences in service provision for national and international staff. For instance, international staff received payments in USD. Whether national staff received payments in USD or South Sudanese pounds depended on their position. Further, the organization paid international staff two flights per year to their home country.

The organization did not systematically collect data on incidents and security issues – the organization reported that establishing an appropriate internal mechanism was not possible. NNGO 2 thus relied on data collected by larger organizations, such as UNOCHA, and information made available through the NGO Forum. The organization stated though that collecting such data internally would be useful.

Reflecting the above for the most part, the representative from NNGO 2 defined staff support as follows:

"Staff support is not only confined to finances in the form of good salaries. It should also entail conducive working environments, capacity building of staff, ensuring they are able to understand the vision and mission and objectives of the organization. It also means understanding the problems of staff, for instance through staff grievances committees" (Representative from NNGO 2).

Reported gaps and challenges

NNGO 2 reported they face numerous challenges related to staff support. One key challenge referred to the safety and security of staff, especially that of female staff who sometimes fell victim to sexual harassment while on duty.

Another pressing issue the organization identified related to the comparatively low salary NNGO 2 was able to pay its staff. This salary was not very attractive and a key reason for the high staff turnover. This, in turn, impacted the organization's service delivery to beneficiaries.

Closely related to the above was the challenge of paying hardship allowance. Sometimes, the organization could not pay this allowance. This had a negative effect on staff's motivation.

Achievements and good practices

Establishing a staff grievance committee and holding of regular meetings of these committees had proven to be very effective, particularly with regards to understanding staff's needs as well as their grievances and requests. These meetings served as an opportunity to discuss a wide range of topics, including issues related to contracts. Inventing this mechanism also enhanced the level of team cohesion within the organization.

7.2.2.3 NNGO 3

Profile

The interventions of this NNGO focused on mine action, and key activities included mine risk education and mine clearance. NNGO 3 also engaged in the clearance of battle areas and explosive ordnance disposal.

The organization employed 21 national staff. NNGO 3 did not have a separate staff support policy and was not aware of common staff support guidelines, such as those prepared by Antares Foundation (2012) or the IASC (2007). However, the organization

had an HR and Employment Policy. This document outlined certain benefits provided to staff. All staff had access to this policy, and the organization reminded staff during meetings about the common proceedings in case they face any basic issues.

NNGO 3 considered staff support important "because it is holistic, it motivates, (…) and improves efficiency [of staff] if they are more motivated."

Staff support system

NNGO 3 provided its staff with health insurance for work related incidents through a regional provider. This insurance did not cover psychosocial support services.

The organization invested greatly in capacity building initiatives for its employees to address knowledge gaps and facilitate skill development. The bulk of the costs for these initiatives were covered by the organization, but employees in key positions contributed through the paying of a "personal development fee".

The organization also provided staff with the termination benefit required by the revised labour law. While the organization did not pay an extra allowance for leave, staff were granted 30 days of paid leave. Staff who operated in the field were granted six additional days of stand down every 21 days. NNGO 3 also granted sick leave, including for prolonged periods of absence. Should an accident lead to disability, the staff member received "severance pay". Women had the right to take maternity leave. Additional forms of leave staff members could request included compassionate leave, and leave without pay.

Other services the organization provided included equipment needed for the job and appropriate work clothes. If the organization did not provide travel to the duty station, employees received a travel allowance to cover the costs. Staff also received per diem allowance in case they stayed away from their designated duty station overnight.

The staff support services were funded through projects, which included distinct budget lines for overhead costs. In case a project ended, the organization used some of its core funds to cover the costs for staff support.

The organization had a policy that foresees the collection of data. In practice, however, NNGO 3 stated that data, for instance on accidents while at work, were not collected and recorded as carefully as they should.

The organization did not undertake specific surveys on staff support. However, line managers undertook annual staff evaluations. These evaluations also provided the opportunity for staff to back report on concerns and issues on their end.

Summing it up, the representative from NNGO 3 said:

"Staff support in my view means the effort that is coming from the organization to provide human resources in order to run or manage particular programs. For instance, we provide an orientation to new recruits and based on this are able to identify strengths and weaknesses of new staff members, and provide training or peer support to enhance skills so that he or she can do the work better" (Representative from NNGO 3).

Reported gaps and challenges

One key challenge NNGO 3 reported related to the current health insurance contract, which covered work-related accidents of employees only. The insurance did not cover any other health issues and excluded dependents. Both staff and the organization perceived these conditions to be sub-optimal, and the organization aimed at changing this. However, any planning that had financial impacts was a huge challenge for the organization due to the nature of the economy and the constantly increasing prices in the country.

Another challenge was that some staff were based in remote areas. This made it very difficult for the organization to provide staff with any type of services, including medical care and transportation in case of sickness. NNGO 3 tried to relocate staff in case of need. This, however, was a difficult undertaking in the absence of external support.

Achievements and good practices

The organization stated that it is good practice to have at least a minimum level of insurance coverage for its staff. NNGO 3 explored the different insurance options available and made the best possible choice within their means. While there was room for improvement, staff still appreciated the support attached to this current insurance scheme.

The evaluations carried out by line managers were identified as a good practice, too. This proceeding helped the organization to identify issues of staff and ways to address these. For instance, the findings of one evaluation showed that staff perceived one of the allowances as too little. NNGO 3 subsequently increased the amount.

7.2.2.4 NNGO 4

Profile

The areas of intervention of NNGO 4 focused on WASH, food security and livelihoods, and education in emergency settings. Within these areas, the organization put a specific focus on working with women and children.

The organization employed 44 national staff and had both, an HR policy and a separate staff care policy. NNGO 4 was dedicated to staff support, especially as staff support was perceived as enhancing performance.

NNGO 4 was not aware of any widely referenced guidelines for staff support. However, management liaised with other organizations on staff support to identify services that suit their own context and needs. The organization included information on staff support in employees' contracts.

Staff support system

Given that NNGO 4 only employed national staff, services were the same for everyone. For the representative from NNGO 4, staff support started "with livelihoods: give support to staff to eat twice a day, and support their next of kin, be able to support staff to live the next six, seven months or one year. Second, be able to increase staff's capacity to deliver and support their educational development." Accordingly, the organization provided each staff as well as up to six dependents per staff with food twice a day. NNGO 4 also provided its staff with medical insurance. It identified suitable clinics in field locations and transferred staff to Juba in case of need. In addition to paid annual leave, the organization offered staff the option to request other forms of leave, such as bereavement leave and

family and medical leave, which included maternity and paternity leave. The organization followed the social insurance scheme required by South Sudanese law and disbursed a termination benefit to staff at the end of their contract. In case of emergencies, staff could request payment advances.

NNGO 4 also offered a range of capacity building options to support its staff with developing skills relevant to the job and furthering their education. The organization also invested in social events: each year the organization organized one or two days where staff and their families met and spent time together.

The organization's HR policy included an encompassing section dedicated to grievances and appeals, and spelled out procedures how to communicate these. This included a "grievance form" – a template staff filled out if grievances can't be resolved otherwise. The respective issue was then discussed with support from a grievance committee.

The organization financed staff support largely through projects funded by larger organizations. These projects included budget lines for staff support services, such as medical insurance. NNGO 4 recorded data on incidents: each time a staff member wanted to visit a clinic, the office in Juba had to be informed to notify the insurance provider and approve the proceeding.

The organization did not undertake formal surveys related to staff support. However, every Monday morning a meeting with staff took place, including in field locations. During these meetings staff discussed issues and had the opportunity to raise concerns. The outcomes of the meetings held in field locations were then sent to Headquarters per email. In case of need, the organization also held meetings with the insurance company and the medical facilities staff visited.

Reported gaps and challenges

NNGO 4 reported they faced numerous challenges regarding staff support. The main issue was the limited availability of funding for staff support. This was reported as being especially problematic in the context of the deteriorating economy: on the one hand, the

economic crisis in the country increased staff's vulnerability. On the other hand, providing consistent staff support was challenging as the inflation affected the budgets allocated for such services.

Achievements and good practices

One service that staff particularly appreciated was the medical insurance the organization provided. In field locations, staff had the option to access clinics run by MSF or other organizations, which was perceived as great advantage. Another good practice was the social insurance scheme, which provided staff with a financial buffer at the end of their employment.

Table 7.1: "What is staff support?" Excerpts from interviews with NNGOs

Organization	Definition of staff support as communicated by INGO representative
NNGO 1	"Staff support means that standard care is provided by the organization, for example insurance covers, such as medical insurance and insurances that cover costs for evacuation, and accommodation for staff."
NNGO 2	"Staff support is not only confined to finances in the form of good salaries. It should also entail conducive working environments, capacity building of staff, ensuring they are able to understand the vision and mission and objectives of the organization. It also means understanding the problems of staff, for instance through staff grievances committees."
NNGO 3	"Staff support in my view means the effort that is coming from the organization to provide human resources in order to run or manage particular programs. For instance, we provide an orientation to new recruits and based on this are able to identify strengths and weaknesses of new staff members, and provide training or peer support to enhance skills so that he or she can do the work better."
NNGO 4	"Staff support for me starts with livelihoods: give support to staff to eat twice a day, and support their next of kin, be able to support staff to live the next six, seven months or one year. Second, be able to increase staff's capacity to deliver and support their educational development."

NNGO 5	"Staff support generally includes things like benefits that are outside of what the employer should be giving back to their employees, such as medical insurances, housing allowances, transport allowances – it really depends on the organization. Salaries do not count as staff support."

7.2.2.5 NNGO 5

Profile

Seven South Sudanese nationals founded NNGO 5. The organization supported livelihood-challenged communities in South Sudan to sustainably improve their well-being and standards of living. This included initiatives in the sectors education, food security, HIV/Aids and peace and security.

The organization currently employed 16 national and four international staff. NNGO 5 had an HR manual, which also outlined staff support services offered by the organization. The organization informed its employees about staff support through a briefing at the beginning of their contract. The organization was not aware of any widely used staff support guidelines, such as those prepared by Antares Foundation (2012) or the IASC (2007).

NNGO 5 funded staff support through monthly personal contributions from its founders. To facilitate a minimum level of security, the organization planned on a quarterly basis and continuously lobbied with external partners to acquire additional funding.

Staff support system

The organization provided "field leave" for those staff located outside Juba. Depending on the level of risk and hardship in the respective area, staff were entitled to take ten working days away from the field. This time was usually spent at the employees' home base in Kenya or Uganda and meant to be used to follow-up on outstanding work-related matters.

In addition to salaries, the organization supported its employees in establishing voluntary savings and investment schemes and provided an annual bonus to all staff. The organization also had a provident fund, and the money was disbursed to staff after resignation as termination benefit.

NNGO 5 provided health insurance to its staff, too. The insurance covered injuries at the workplace. Regarding mental health and well-being, staff benefitted from one of the organization's programmes, which included psychosocial support components: when staff received training at the beginning of their assignment, they also received training in psychosocial support.

Other services the organization provided included free lunch for staff, reimbursement of work-related transport costs, including travel of spouses and dependents at the beginning and end of staff's assignment, and opportunities for capacity building and training.

The organization collected data on sickness of staff and related incidents. The data were collected through communication from staff to management. Regular surveys related to staff support were not in place but there were weekly meetings during which employees had the opportunity to raise and discuss concerns.

In line with these provisions, the representative from NNGO 5 defined staff support as follows:

"Staff support generally includes things like benefits that are outside of what the employer should be giving back to their employees, such as medical insurances, housing allowances, transport allowances – it really depends on the organization. Salaries do not count as staff support".

Reported gaps and challenges

One key challenge the organization voiced referred to the economic situation and the financial constraints experienced in the South Sudan context. These made it difficult for the organization to implement activities and provide encompassing services for its staff.

Achievements and good practices

According to their own evaluation, the organization was not able to offer many services to staff. However, NNGO 5 highlighted that employees particularly appreciated the provision of free meals, the opportunity for professional and personal development through trainings, and the travel money.

Table 7.2: Overview of participating NNGOs

Organization	Active in South Sudan	Number of staff	Main areas of intervention	Key staff support services
NNGO 1	Since 2016	19 national staff, 1 international staff	Health, nutrition, food security, WASH	• Accommodation • Access to food and water • Reimbursement of medical expenses
NNGO 2	Since 2006	28 staff	Food security	• Leave • Staff motivation (e.g., trainings) • Health insurance • Allowances (e.g., travel allowance) • Staff grievance committees
NNGO 3	Since 1999	21 national staff	Mine action	• Health insurance • Leave • Capacity building • Termination benefit • Provision of equipment (e.g., work clothes)
NNGO 4	Since 2014	44 national staff	Wash, food security, education	• Food for staff and dependents (max. 6) • Medical insurance • Leave • Termination benefit • Capacity building • Grievance committees

NNGO 5	Since 2015	16 national staff, 4 international staff	Education, food security, HIV/AIDS, Peace and security	• Leave • Provident fund • Support in establishing saving and investment schemes • Health insurance • Free lunch • Reimbursement of work-related expenses (e.g., travel) • Capacity building

7.2.3 Group of INGOs

7.2.3.1 INGO 1

Profile

This INGO's primary focus was to support vulnerable populations affected by crises through emergency, rehabilitation and development projects. These were implemented in numerous locations across the country.

The organization employed 600 national and 45 international staff. INGO 1 was not familiar with any of the widely referenced staff support guidelines, but had recently begun drafting a separate staff support policy for their South Sudan country office. The document was work in progress. At the time of the interview, key staff support services for international staff were specified in their employment contracts. For national staff, the organization developed an HR Guide which also included references to staff support. This Guide was updated every six months to ensure it adequately reflected the constantly changing conditions in the country. In addition, INGO 1 had a Security Guide, which included information and processes related to staff support. Both Guides were accessible to all staff for information and reference.

Staff support system

INGO 1 had different staff support systems in place for national and international staff. For instance, national staff received a series of allowances that were factored into salaries. These included medical-, mission-, and relocation allowances. The medical allowance was a fixed amount paid by the organization on a monthly basis to all national staff in USD. The mission allowance covered expenses incurred by staff when working outside their usual base of operation, such as costs for transport, accommodation, meals and evacuation within the country in case of need. The relocation allowance was designed to compensate national staff recruited in one area and sent to a different area within the country. The allowance covered a return flight between these locations every three months, accommodation, and evacuation within the country in case of need.

In exceptional circumstances and if certain conditions were fulfilled, the organization also provided the option for salary advances to its national staff. This provision was sought to support staff in cases of dire need. Further, INGO 1 offered staff the termination benefit as required by the labour law.

The organization provided various forms of leave, including 24 days of annual leave per year, and a maximum of 15 days of paid sick leave. In certain cases of long-term sickness and depending of the length thereof, INGO 1 continued paying salaries in full or parts for up to nine months.

Women and men were eligible for paid maternity and paternity leave as per the labor law. INGO 1 accepted if fathers requested longer periods of leave and treated this as compassionate leave. Based upon approval, this form of leave provided staff with additional days off for special events. Other forms of leave staff could request included study and exam leave.

INGO 1 also provided national staff the option for training. These trainings included internal and external training initiatives.

For international staff, the organization followed the labour law applied in the location of its Headquarter. This included services such as health insurance and access to counselling. It also captured evacuation out of the country. The organization also provided R&R every three months. In addition, those based in field locations were granted time

in Juba every six weeks. International staff also received free accommodation in Juba and field locations.

The organization had a staff representation body. This body consisted of three to six members and represented the work force in negotiations of issues such as salary, leave, safety and security, equal treatment of staff, and working hours.

Although not implemented on a regular basis yet, the organization had recently undertaken a staff survey. This survey included questions on well-being, to better understand employees' concerns and needs. Follow-up surveys were planned to evaluate if newly implemented measures had had their desired effect. INGO 1 systematically collected data on incidents, such as accidents and evacuations.

All staff support services were funded through projects. In addition, the organization's Headquarters had funds available that could be utilized in case of emergencies and as a contingency plan. Overall and as observed by the organization, the staff support system was rather designed to react to issues than to the prevention thereof. In line with this understanding, the representative from INGO 1 defined staff support as follows:

"Staff support in our organization devolves a lot to individuals; it is for them to identify when they need support. Then ad hoc provisions will be made to assist the person with that. It is also more of a response to incidents; the response is usually better than the prevention, there is no real system in place to support staff other than people identifying issues themselves" (Representative from INGO 1).

Reported gaps and challenges

One major challenge INGO 1 faced related to evacuation. This included the logistical challenges attached to this procedure on the one hand, and the double standard for national and international staff on the other. Specifically, while international staff were evacuated to a location outside the country if need be, national staff could only be relocated within South Sudan. While this proceeding was common practice, it had caused resentment among the workforce.

One challenge that affected particularly national staff related to the organization's health care system at the time. The medical allowance national staff received was not insignificant, but not as comprehensive as insurance. This caused particular issues for those who had the responsibility for large families.

Regarding the services for international staff, the key issue concerned psychosocial support: the psychologists available were contracted by the organization and based abroad. This situation caused some staff to hesitate over consulting these psychologists. While staff generally had the option to identify and consult a psychologist of their own choice, the lack of availability of qualified professionals on site hampered the utilization of psychosocial support services.

Achievements and good practices

INGO 1 identified their encompassing and clear security infrastructure as an achievement, especially after some adjustments had taken place based on feedback provided by staff. In addition, the salaries the organization paid were competitive for both national and international staff, and staff highly appreciated the accommodation provided by the organization. INGO 1 reported the provision of R&R as another good practice.

7.2.3.2 INGO 2

Profile

The focus of INGO 2 was emergency relief through the support of communities in tackling malnutrition, restore livelihoods and repair vital water infrastructure. Most programmes were implemented in the former Jonglei state area. Further initiatives with partners took place in Northern Bahr El Ghazal and Central and Western Equatoria.

The organization employed 96 national and 16 international staff. Its key staff support policies for national staff were outlined in a separate handbook. All staff received an induction at the beginning of their assignment, including information on health and welfare. Albeit not as a fixed agenda point, staff support options were also at times men-

tioned throughout meetings. INGO 2 was not aware of any of the widely referenced guidelines on staff support.

Staff support system

The representative from INGO 2 understood staff support as "how organizations care for their staff. There are many things this should entail. We can support staff for instance through psychological support when they experienced incidents". Accordingly, the organization offered a specific psychosocial support programme for its national and international staff. This covered amongst others the option for regular counselling to ensure staff's personal well-being, counselling in case of traumatic events, and debriefings at the end of assignments. The counsellors were contracted by the organization and based abroad.

INGO 2 also provided its staff with medical insurance through an international insurance company. National staff could request coverage of up to five dependents, and international staff could access medical care inside and outside South Sudan.

The organization also granted certain allowances, such as travel allowance for drivers, and provided relevant equipment such as SAT phones and mobiles. In exceptional circumstances INGO 2 offered salary advances to its national staff. This was intended to support them in dire straits. Further, INGO 2 evacuated national staff to Juba and international staff to a destination outside the country in case of need.

As required by the national law, INGO 2 provided a termination benefit system for national staff. Further, relocated staff were given the option to stay in the organization's accommodation in or close to the office compound and received an equipment grant. The organization also provided three meals per day. National staff based in the field were granted R&R every three months in Juba, and INGO 2 covered the costs for the flights to the capital. The organization also provided staff with annual leave, short- and long-term sick leave, compassionate leave, and women and men with maternity and paternity leave, respectively.

Complementing these services, the organization's national staff handbook outlined possible proceedings to deal with grievances between staff members. This provision is intended to support staff in resolving problems and enhance team cohesion. INGO 2 also foresaw regular appraisal meetings between staff and their line managers. These meetings served as an additional opportunity for staff to raise issues and concerns.

INGO 2 was committed to staff development. The organization thus provided the opportunity for national and international staff to engage in trainings.

While this was not done on a regular basis, INGO 2 had recently contracted an external company to undertake a staff survey on behalf of the organization. This survey also captured components related to staff support.

INGO 2 collected data on incidences through reports written by staff. These were then sent to the organization's Headquarter.

Staff support was generally funded through projects. In case of need the organization had core funds available to cover additional costs.

Reported gaps and challenges

Theoretically it was a great advantage that national staff was able to register up to five dependents as part of the medical insurance scheme. However, INGO 2 highlighted that not all staff had their families in Juba or other larger cities. In fact, many family members lived in the countryside or outside South Sudan, which made it difficult for them to benefit from the medical services they were granted. While this was beyond the organization's control and responsibility, INGO 2 wanted to identify potential solutions to this issue.

Achievements and good practices

INGO 2 stated that overall the medical insurance system was working well. This was especially the case for international staff. So far, no complaints had been received from international staff regarding this component of the organization's staff support system. INGO 2 interpreted this as a strong indicator for employees' satisfaction.

Table 7.3: "What is staff support?" Excerpts from interviews with INGOs

Organization	Definition of staff support as communicated by INGO representative
INGO 1	"Staff support in our organization devolves a lot to individuals; it is for them to identify when they need support. Then ad hoc provisions will be made to assist the person with that. It is also more of a response to incidents; the response is usually better than the prevention, there is no real system in place to support staff other than people identifying issues themselves."
INGO 2	"Staff support is how organizations care for their staff. There are many things this should entail. We can support staff for instance through psychological support when they experienced incidents."
INGO 3	"Staff support is based on the duty of care, which is more like a guiding principle. Coming from this vision the organization tries to provide some services. For expat staff for example we have insurance coverage."

7.2.3.3 INGO 3

Profile

Key programmatic activities of INGO 3 included protection, camp coordination and management, and food security and livelihoods. The organization implemented its activities mainly in Upper Nile and Unity states and employed currently 440 national and 58 international staff.

INGO 3 did not have a formal, separate staff support policy. However, the organization had an HR manual for national staff and terms of employment for international staff. Further, INGO 3 had a series of written policies that outlined rules and procedures regarding specific benefits, such as R&R. The organization sent all these documents and information to staff at the beginning of their contract. The organization was not aware of any of the widely referenced staff support guidelines.

Staff support system

The representative from INGO 3 said the following about staff support:

"Staff support is based on the duty of care, which is more like a guiding principle. Coming from this vision the organization tries to provide some services. For expat staff for example we have insurance coverage" (Representative from INGO 3).

As this statement suggests, there were some differences in the services INGO 3 offered to its national and international staff. The HR manual for national staff for instance stated explicitly that staff had the right to voice concerns and suggestions and provided information about adequate processes. It also outlined benefits such as food-, accommodation-, medical- and relocation allowances. For instance, national staff were expected to stay at their homes, and accommodation expenses were reimbursed when on professional trips.

The HR manual for national staff also specified leave regulations. INGO 3 offered annual leave at the rate of 2.5 calendar days per month, sick leave, including full or partial compensation in case of long-term illness, compassionate leave up to ten days, and unpaid leave up to three months. Re-locatable staff were granted five days of R&R every three months. Women had the right to take maternity leave, and fathers were able to request paternity leave.

INGO 3 also provided retirement benefits to its national staff and per diems when staff were required to work away from their duty station. Staff were insured when travelling outside the country on official business through an international insurance company. The organization provided access to Internet and telecommunication, and was committed to offer its staff internal and external training opportunities to acquire and enhance relevant knowledge, skills and experience.

Services for international staff were outlined in the terms of employment for expatriates and the specific manual on compensation, benefits and salary scales. Services included among others allowances, such as experience allowance for time served in the organization, pension-, location-, relocation-, and luggage allowance. INGO 3 also provided its international staff with housing. Annual leave was 25 working days per month

and staff were entitled to R&R every six weeks when based in the field, and every eight weeks when based in Juba. Similarly to national staff, internationals were able to request sick leave and compassionate leave. The organization provided medical insurance and women and men are entitled to take maternity and paternity leave.

The medical insurance the organization provided to its international staff covered also mental health and psychosocial support services. In addition, the package included pre-and post deployment briefings. The insurance company identified the counsellors undertaking these briefings.

Reported gaps and challenges

One key challenge for INGO 3 related to its medical insurance and the lack of access to medical care in the field: having medical insurance but no clinic to go to was considered a great problem. One identified option to address this situation at least in parts was to provide the respective staff members in the field with a medical allowance instead of insurance. However, the allowance would be marginal and the insurance company did not proceed in such a way.

INGO 3 reported evacuation as another challenge. Questions that arose particularly concerned national staff and their families: even if staff were relocated from the field to Juba in case of need it was not clear what happened next in terms of their stay in the capital. The situation was easier for international staff who could be evacuated out of the country.

The organization also mentioned the different status of national and international staff within the organization as a challenge, as some national staff felt disadvantaged. Further, this situation led some national staff to have high expectations on their international colleagues. One example was the perception that international staff had high salaries and a small number of dependents. This generated the expectation that international staff should be generous and support national staff financially and with regards to formal training and skill building, regardless of whether this was part of their job description or not.

A related challenge INGO 3 observed concerned communication. Specifically, some staff at times felt that matters were not adequately conversed or explained by colleagues or management. One example was (unintentionally) leaving out team members from emails, which disgruntled some staff members, especially since some employees took such actions quite personal. This was perceived as having an impact on team cohesion.

Overall, INGO 3 concluded that some serious challenges persisted that should be addressed. However, even if these challenges were addressed staff likely would not be satisfied with the services provided and request the organization for more.

Achievements and good practices

INGO 3 reported their very flexible R&R policy as a good practice. Specifically, staff were permitted to leave on a Friday afternoon and come back on a Monday morning. This allowed them to make use of the weekends before and after the official days off. INGO 3 reported that staff were highly appreciative of this flexibility.

Another good practice was the fixed allowance the organization meanwhile offered for R&R. Previously, INGO 3 reimbursed the exact costs of tickets and other bills related to R&R. The new proceeding was not only easier and faster from an administrative point of view. It also provided staff more flexibility and for some, especially those based in the region, the surplus presented an additional, much appreciated source of income.

Table 7.4: Overview of participating INGOs

Org	Active in SS	Nr of staff	Main areas of intervention	Key staff support services	
				Nat staff	Internat staff
INGO 1	Since 2007	600 national staff, 45 international staff	Emergency, rehabilitation, development	• Allowances (e.g., medical allowance, relocation allowance) • Leave • National Social Insurance • Training • Equipment (e.g., phones) • Relocation within the country	• Accommodation • Health insurance (including psychosocial support) • R&R • Leave • Training • Evacuation • Equipment (e.g., phones) • Staff representation body
INGO 2	Since 1998	96 national staff, 16 international staff	Nutrition, livelihoods, water	• Health insurance (including max. 5 dependents) • Allowances (e.g., travel allowance) • Equipment • Pension fund • Training	• Health insurance (including psychosocial support) • Training • Allowances • Equipment • Evacuation
INGO 3	Since 2005	440 national staff, 58 international staff	Protection, camp coordination and management, and food security and livelihoods	• Relocation within the country • Allowances (e.g., food-, accommodation-, medical allowances) • Leave • R&R (for re-	• R&R • Leave • Accommodation • Allowances (e.g., relocation-, pension-, luggage allowances) • Health insur-

		locatable staff) • Retirement benefits • Insurance during business trips • Training	ance (including psychosocial support)

Org = Organization; SS = South Sudan; Nr = Number; Nat = national; Internat = international.

7.3 Discussion

7.3.1 Staff support systems

The results show that participating NGOs were very committed to staff support, understood the importance thereof, and were interested in expanding their knowledge in this area. However, the results also show that organizations and individuals within organizations differed greatly in their understanding of staff support as a concept. For instance, different opinions existed as to whether salaries were part of staff support or not, and some NNGOs referred to medical insurance in their definitions of staff support. These differences in understanding also impacted the reportage of achievements and good practices, and challenges and gaps in service delivery. It stands out that in contrast to INGOs, multiple NNGOs highlighted that the provision of staff support services was essential to motivate employees when explaining why staff support was important. This equates with the motivational process of JDR theory.

Furthermore, it stands out that organizations' familiarity with literature on organizational staff support and their awareness of recommended standards and widely referenced guidelines was very limited: only one of the participating NGOs was aware of the Sphere guidelines, and none of the researched organizations was familiar with those developed by Antares Foundation (2012) and IASC (2007). Related to this knowledge gap regarding the recommended standards is the fact that most organizations, especially NNGOs, did not have a written staff support policy in place as explicitly recommended by specialized stakeholders such as Antares Foundation (2012). Similarly, most organizations did not have a formalized and well-established way of collecting data related to staff

support on a regular basis, such as accidents, perceived support needs, and feedback on services.

With regards to the actual services provided, it is evident that there were great differences between NNGOs and INGOs. Most NNGOs offered some form of support in the event of physical health issues, granted leave, and provided food. INGOs offered more encompassing services, especially for their international staff. Examples are access to psychosocial support, R&R, and evacuation. Nevertheless, assessing the provision of services by both, NNGOs and INGOs, in the context of the current literature, it is clear that at the time of the interviews, organizations did not fully comply with recent staff support recommendations, such as the provision of psychosocial support pre, during and post deployment (e.g., Antares Foundation, 2012; Dunkley, 2018; IASC, 2007), or training for all staff on mental health first aid (Surya et al., 2017). Similarly, especially NNGOs were not meeting the strong request from national and international humanitarian workers in South Sudan for better access to psychosocial support as identified by some of my previous research (Strohmeier et al., 2019). Translated into the framework of JDR theory, this means that the type of job resources provided by NGOs in South Sudan differed substantially between organizations, yet are overall insufficient to adequately support staff in "(a) be(ing) functional in achieving work goals; (b) reduc(ing) job demands and the associated physiological and psychological costs; (and) (c) stimulat(ing) personal growth and development" (Demerouti et al., 2001, p. 501).

The findings also revealed that, despite their interest and eagerness, NNGOs in particular struggled with scaling up their service provision. One key barrier that hampered these organizations to improve the quantity and quality of their service delivery was the limited availability of funds for such initiatives in a context of a rapidly deteriorating economy and significant inflation. Many organizations were hesitant or not in the position to systematically and continuously invest in staff support; instead, they heavily relied on external support to keep their programmes and projects running in the first place. NNGOs thus oftentimes provided support through informal, personal contributions from founders or executive leaders. This is contrary to the institutionalized services INGOs provided.

Concerning INGOs' resources it is important to note that while they usually had larger budgets available, they mostly also had larger numbers of staff. This may have rendered the provision of comprehensive services for these organizations challenging, too. In addition, and although not mentioned by any of the NGOs studied, it is reasonable to assume that the limited knowledge on the topic of staff support within organizations constituted an additional barrier in achieving improved quality and quantity of services. Given its complexity, this situation requires the formulation of a tailored set of simple yet effective remedies that help NGOs in South Sudan to improve their staff support systems and progressively close the gaps in service provision. Concerning JDR theory, this finding shows that – at least in the particular context of the study at hand and despite their duty of care – the provision of job resources by organizations cannot be taken for granted and is heavily influenced by internal and external circumstances.

7.3.2 Gaps and challenges

As stated above, there are significant gaps in organizations' service provision, whereby the services NNGOs provided were particularly limited. Recurring concerns NNGOs voiced referred to the lack of health insurance and limited insurance coverage. Even if organizations had successfully subscribed to insurance policies, the issue of access remained, given the lack of health facilities in field duty stations. NNGOs and INGOs considered this situation, the lack of health facilities, as particularly difficult to address. The fact that South Sudan's physical infrastructure is poor, and the fact that humanitarian workers are required to travel to numerous different, remote project sites in order to cover populations in need, underline the magnitude of this issue. However, the current literature on staff support hardly discusses these and similar challenges that constitute the daily reality for many organizations in South Sudan (and presumably elsewhere): advice how to address such situations is up to this date not available. Questions around access of staff to available job resources are also not considered by JDR theory.

INGOs repeatedly mentioned the double standard of service provision between national and international staff that prevailed within their organizations as challenge. This

was especially the case for evacuation policies. This situation caused frustrations among some staff members: evacuation policies usually foresee international staff to be brought outside the country, and national staff to be relocated within South Sudan. Since the problem is common and occurs beyond South Sudan, it is also referenced in the literature on staff support (e.g., Porter & Emmens, 2009; Stoddard et al., 2011; Surya et al., 2017). However, the literature does not provide in depth analyses of how to sustainably address this issue. Again, such challenges are not considered by JDR theory.

7.3.3 Achievements and good practices

In stands out that services related to staff health played a major role in the context of organizational achievements and good practices, too. Specifically, organizations highlighted staff's great appreciation when being provided with some form of health insurance – even if coverage was limited. This underlines once more the dire situation many staff face. Multiple NNGOs and INGOs thus identified the provision of health insurance to their staff as achievement and good practice. Analysed through the lens of JDR theory, health insurance thus qualifies as a key job resource.

Further, several NNGOs and INGOs emphasized the positive effects of providing staff the opportunity to share feedback and concerns through means such as surveys, dedicated committees, or regular appraisals. Understanding staff's needs and priorities helped organizations a great deal in identifying potential solutions and taking adequate action.

It must also be emphasized that NGOs in South Sudan, especially NNGOs, showed a great commitment to staff support: in line with previous statements, it was my impression that representatives strove towards learning and facilitating improvements if and where possible. The fact that five NNGOs contacted me on their own accord and requested to participate in this evaluation confirmed this. Fabio, a staff counsellor in the country, mentioned the importance of highlighting this commitment in academic publications and popular media sources: he concluded that more often than not, these positive

aspects were neglected. This resulted in misrepresentation of the situation, and demotivation of those working in the area of staff support. In a way this indicates the reversal of the motivational process.

7.3.4 Further observations

One further observation is that neither NNGOs nor INGOs discussed the circumstances of occupational sub-groups other than national/international staff in greater detail: the topic of gender for instance came up only in the context of maternal and paternal leave. Indeed, NNGO 1 was the only organization that made a reference to gender in the context of security and deployment to field locations known as risky. This suggests that just as in the literature on the topic, gender fell short in the design and implementation of staff support services in South Sudan.

In parts, the evaluation also revealed information on how psychosocial support was being provided. INGO 1 reported in this context that the organization had contracted psychologists and these were based abroad. Both aspects – the direct contractual connection between the organization and psychologists on the one hand, and the geographical distance between humanitarian workers and psychologists on the other – were identified as problematic and as barrier in service uptake. This observation reflects the results from the focused qualitative phase, which identified stigma and the prevailing "cowboy mentality" as obstacles that prevented humanitarian workers to speak up on their perceived stress. The question on how organizations deliver services to staff is, in essence, a question on the quality of services provided, which is connected to service efficacy. Interestingly, this aspect was hardly discussed by NGO representatives. The literature, too, focuses largely on type and scope of staff support service, rather than their quality. Similarly, JDR theory does not account for the quality of the job resources provided.

Another observation of importance relates to team cohesion. Both the survey phase and the focused qualitative phase revealed team cohesion as an important construct and job resource in the context of humanitarian workers' mental health and lived experiences. The discussion section of the qualitative phase introduced potential factors impact-

ing team cohesion, with a focus on the relations between national and international staff. These were different contract modalities, culture and the country's conflict history. The statement made by the representative of INGO 3 as part of this evaluation offered some additional reasons, namely differences in salaries and access to education: according to this representative, these differences triggered expectations from national staff to receive support from their international colleagues. Based on my own observation, specifically financial differences lead from time to time to the borrowing of money by national staff. Commonly, international staff refrain from requesting payback, and rarely get the full amount back from national staff.

Finally, the argument made by the representative from INGO 3 on staff's dissatisfaction with services, even if they were improved, is noteworthy. Miquel, another staff counsellor on site, confirmed this statement: for him, it was clear that no matter what happened, staff would never be happy. This situation suggests to approach feedback and requests delivered by staff with some caution. Kyle, an informant holding a high-ranking position in the humanitarian response in South Sudan, picked up on this situation, too. However, he concluded with some empowering advise for humanitarian workers related to self-care. His statement also serves as an important reminder of the holistic approach required to prevent and manage mental health problems, and create a healthy, productive workforce:

"We are in an environment where we become children again, 10, 15 years of age, and expect our parents to buy us a t-shirt. No – don't surrender your life to your organization! You make money – invest some of it in yourself!"

7.3.5 Applicability of JDR theory

The last part of my study, the evaluation phase, focused on the organizational level and examined the availability and access of humanitarian workers to job resources, including challenges and good practices connected therewith. The findings showed that representatives from NGOs endorsed particularly proposition 2 of JDR theory, that is that

job resources are motivating and lead to work engagement, and proposition 3, that is that job resources have the potential to buffer job demands' impact on negative strain. However, similar to the results from the focused qualitative phase, the findings of this last phase of research also showed that in the context of settings similar to the humanitarian space of South Sudan, a more nuanced version of JDR theory is required. This nuanced version is to account for challenges regarding access to and quality of job resources.

7.4 Limitations

This evaluation phase has two limitations. First, the number of organizations evaluated was rather small and based on purposive sampling techniques. Such techniques, here especially self-selection sampling, are prone to bias and impact the generalizability of results. However, including due to the maximum variation sampling I applied, the evaluation provides insights into the broad spectrum of service provision. Second, the evaluation relied on a desk review and interviews with Country Directors or HR officials only. Additional verification, for instance through interviews with staff who utilized support services, and analysis of service impacts were not captured by this evaluation.

8 Concluding discussion

The findings of the survey phase, the focused qualitative phase, and the evaluation phase were presented and discussed in detail in Chapters 5, 6, and 7, respectively. This final chapter of my thesis fulfils two main purposes: to formulate conclusions for each research phase and integrate the findings as MMR requires, and to address the third and last research question: "What are the implications of the research findings for humanitarian stakeholders, particularly with respect to organizational staff support in South Sudan?" I begin with the formulation of conclusions and the integration of findings (section 8.1). Subsequently, I identify the implications of this study's findings for theory and future research (section 8.2), and for practice and workable recommendations (section 8.3). Where applicable, this includes references to global processes, and consequences for crisis settings beyond South Sudan. I then crystallize the contributions of my study (section 8.4). Personal reflections on my PhD project as a whole and lessons that I have learned throughout this process build the end of this chapter and this thesis (section 8.5).

8.1 Conclusions and integration of findings

It is evident and, given the different research questions they addressed, expected that the survey phase, the focused qualitative phase, and the evaluation phase produced findings that have value in their own right, and that contribute to the literature in distinct ways. To highlight this, I begin this section with the formulation of conclusions for each of the three phases. I start with the findings from the survey phase. This phase addressed the research question, "What can we say about common mental health problems among humanitarian workers in South Sudan with respect to prevalence and predictors?". The findings of the survey phase facilitate the formulation of four conclusions:

- *Humanitarian workers in South Sudan experienced substantial rates of common mental health problems*. This was expected, and is in line with the literature on humanitarian workers' mental health: other studies concluded consistently that rates of mental

illness in this occupational group are higher than those of reference groups (Connorton et al., 2012; Strohmeier & Scholte, 2015).

- *Chronic stress played a dominant role in understanding mental health problems among humanitarian workers*. This, too, was expected, and reinforces the results of previous research that emphasized the cumulative effect of daily stress in contexts of conflict and instability (Ager et al., 2012; Eriksson et al., 2012; Miller & Rasmussen, 2010). Despite this, up to this date, most studies on humanitarian workers' mental health continue having a strong concentration on trauma exposure (and PTSD as the corresponding "signature" disorder).

- *Coping strategies that may be adaptive in other contexts may not be effective in high stress environments such as South Sudan: dysfunctional coping predicted mental health problems among humanitarian workers, but emotion-focused and problem-focused coping were neither protective nor predictive of the outcomes studied*. These findings diverged from the findings of some studies on other population groups using the same measure as my study (Cooper et al., 2008; del-Pino-Casado, Perez-Cruz, & Frias-Osuna, 2014a). Specific research on the relation between coping and humanitarian workers' mental health is scarce and ambiguous in findings (Eriksson et al., 2012; Lopes Cardozo et al., 2013).

- *Gender played a marginal role in predicting mental health problems among humanitarian workers in South Sudan*. This was surprising, given that risk factors for common mental health problems specific to gender, such as gender-based violence, are widespread within humanitarian communities, including South Sudan ("Secret aid worker", 2015a; Wall, 2015). Previous quantitative research produced diverging results on gender as predictor of mental illness among humanitarian workers (Strohmeier & Scholte, 2015).

Following the survey phase, I implemented the focused qualitative phase. This second research phase aimed at answering the second research question, "What are the

lived experiences of international humanitarian workers in South Sudan, particularly with respect to gender?"

The four conclusions I distil from this phase of research are as follows:

- *Humanitarian work is an extraordinary profession with formative power; it offers constant opportunities for staff to grow personally and professionally. Thus, it has the potential to generate long-lasting, positive impacts on international humanitarian workers*. Overall, the literature puts a greater focus on the challenges associated with humanitarian work. However, this finding confirms and adds to previous research and autobiographic writings from humanitarian workers that on the sidelines reports that the profession was gratifying (e.g., Ager & Iacovou, 2014; Bortolotti, 2004; Darcas, 2003; Malkki, 2015; Orbinski, 2008; Roth, 2015a; Wang et al., 2013a).

- *Being an international humanitarian worker in South Sudan was perceived as taxing – physically and emotionally. Fulfilling the human desire for closeness in this environment and transforming superficial interactions into stable and deep connections was challenging. Female staff in particular perceived this situation as difficult. A lack of energy to form new bonds combined with a lack of trust among humanitarian workers contributed to this situation*. The fact that international humanitarian workers identified their profession as taxing was expected, and is in line with previous research and autobiographic writings (e.g., Alexander, 2013; Bortolotti, 2004; Cain et al., 2004; Darcas, 2003; Dillon, 2003; Malkki, 2015; Roth, 2015b; Wolff, 2003). However, the identified lack of committed friendships, and the fact that women in particular struggled with this situation were novel insights: in the literature, intense friendships with diverse people are a frequently cited reward by international humanitarian workers of their profession (Blaque-Belair, 2003; Bortolotti, 2004; Cain et al., 2004; Kleinman, 2006). The gender dimension of this specific component of life in crisis settings has not been investigated by previous studies and is an original contribution of my work.

- *There was a gap between international humanitarian workers' needs for psychosocial support, and the attention paid to these needs by themselves and their organizations. Humanitarian workers were aware of the perils of their profession, and considered this as an important protective factor. However, stigma attached to mental health, a strong sense of duty, and limited dedication to personal needs, were barriers that impeded the utilization of support by humanitarian workers.* This was expected, and is in line with the literature: numerous studies on organizational staff support globally documented that the delivery of services was insufficient (Porter & Emmens, 2009; Surya et al., 2017; Welton-Mitchell, 2013). The literature also ascribed a "masculine culture" and "cowboy mentality" to the profession (Blake, 2017; Pauletto, 2017).

- *Gender substantially influenced international humanitarian workers' lived experiences in South Sudan, and male and female staff had different perceptions of their time in the country. These differences manifested in numerous ways. Most notably, men perceived Juba as a convenient duty station. Women experienced a feeling of loneliness on site, and considered it challenging to combine their wish for a family with a career in the field-based humanitarian sector. However, only through taking an intersectional approach could differences between humanitarian workers be fully captured.* This, too, was expected, and is of great relevance: this finding confirms the findings from (Roth, 2015b) and (Gritti, 2015) - the only scholars who have to date dedicated substantive parts of their qualitative research specifically to the gender dimensions of humanitarian work.

The evaluation phase was the third and last research phase of this study. It reviewed the delivery of organizational staff support services provided by NGOs in South Sudan. Undertaken based on a request from NGOs on site, I retrospectively chose to present this additional research in an individual chapter, given its great relevance for my study. From this phase, I derive three conclusions:

- *Overall, the provision of staff support services by NGOs in South Sudan was insufficient. This was specifically the case for services available to national staff. While*

most organizations faced substantial challenges, they also reported successes and showed great commitment to improve their service delivery. The insufficiency of service delivery was expected, and is in line with the literature (Porter & Emmens, 2009; Surya et al., 2017; Welton-Mitchell, 2013). However, previous research did not explicitly reflect on organization-specific achievements and good practices. Identifying these is novel.

- *The provision of services was inconsistent across organizations. This was largely due to organizations' different financial situation and allocation of funds to staff support*. This, too, was expected and is in line with previous research on staff support (Porter & Emmens, 2009; Surya et al., 2017; Welton-Mitchell, 2013).

- *Although the efficacy of staff support services is of importance, NGO representatives rarely discussed this aspect. Rather, they focused on type and scope of services provided by their respective organization*. The literature on staff support rarely discusses the efficacy of services either. Nevertheless, it was surprising that practitioners did not pay greater and more systematic attention to this aspect, not least given the overall limited resources available to them for staff support.

Having formulated distinct conclusions for each research phase, I turn to integrating these and further findings as required for MMR, and to facilitate triangulation as one of the key reasons for having chosen this study design. Analysing this study as a whole, the process first and foremost showed that this study provided strong, additional evidence that humanitarian work is a profession that comes with exposure to high levels of stress. As shown both quantitatively and qualitatively, and in line with the literature on humanitarian workers (Connorton et al., 2012; Strohmeier & Scholte, 2015), this situation presented a great risk to staff's mental health and well-being.

Furthermore, the survey phase and the focused qualitative phase showed that substance use in the form of excessive alcohol consumption constituted a great issue in the humanitarian setting of South Sudan, and particularly at parties held in Juba. Substance

use disorder, including alcohol, has rarely been quantified among humanitarian workers, but anecdotal evidence suggested excessive drinking as a common practice in crisis settings (Malkki, 2015; Vaux, 2001).

In addition, both of these research phases demonstrated the relevance of team cohesion among co-workers for humanitarian workers' mental health and well-being: compromised team cohesion among co-workers was associated with greater levels of depersonalization, one of the two burnout components studied. The in depth interviews with international humanitarian workers showed that relationships, especially those with national colleagues, played an important role in shaping their lived experience in Juba. Other topic-related research confirmed the importance of team cohesion, too (e.g., Ager et al., 2012; Eriksson et al., 2013). Furthermore, as shown by the evaluation phase, some NGOs in South Sudan had noted the powerful effects of well-functioning teams: they occasionally organized social events under the umbrella of staff support, to provide their employees with opportunities for bonding.

The integration of findings is more challenging regarding coping. As noted, dysfunctional coping was associated with anxiety and depression, and problem-focused and emotion-focused coping did not protect humanitarian workers from reaching scores suggestive of mental health problems. However, as reported in the interviews, humanitarian workers considered being aware of the risks associated with their profession as important. They evaluated detachment, "me-time", and talking to trusted people as effective ways to cope with stress and navigate the challenges of life in the crisis setting of South Sudan. The literature on coping among humanitarian workers produced ambiguous results, and up to this date it is not possible to meaningfully connect quantitative and qualitative results (e.g., Alexander, 2013; Eriksson et al., 2012; Lopes Cardozo, Gotway-Crawford, et al., 2012; Vaux, 2001).

The survey phase and the focused qualitative phase also produced diverging findings on social support. Social support was not significantly associated with any of the mental health outcomes studied. This was surprising, given the well-established link in the literature between higher levels of social support and better mental health among both, national and international humanitarian workers (e.g., Ager et al., 2012; Eriksson et

al., 2012; Eriksson et al., 2013). The focused qualitative phase crystallized that international humanitarian workers considered Juba a social place and party hotspot. However, particularly women mentioned it was difficult to establish deep connections on site, and reported they suffered from this lack of close relationships: while they perceived family members and friends back home as supportive, female staff explicitly mentioned they preferred talking to fellow humanitarians familiar with life in crisis settings about their struggles. The challenge of establishing close relationships may be specific to the humanitarian space of Juba. However, the perceived lack of understanding of what life in crisis means by those back home, and the preference to open up to friends and colleagues within the sector, was found among humanitarian workers outside South Sudan, too (Roth, 2015b). Distilling the gender dimension of the construct of social support is an original contribution of my study.

Given this study's focus on gender, another important question to ask is: what can we say about gender at the point of integration? Answering this question, I recap that the differences in prevalence rates for male and female humanitarian workers were significant for depression and emotional exhaustion only, whereby the prevalence of these mental health problems was higher among women. Gender, in the context of all other data considered in the quantitative analysis, did not have as much predictive power for common mental health problems. This is in line with some of the quantitative research on humanitarian workers' mental health, yet contradicts the results of other studies on the topic (Lopes Cardozo et al., 2005; Strohmeier & Scholte, 2015). Nonetheless, gender incontrovertibly played an important role for humanitarian workers' lived experiences. This included the challenge women expected with reconciling work and family life, and other forms of discrimination and harassment, causing feelings such as anger, frustration, and fear. This finding matched the results from other studies on gender and aid (Gritti, 2015; Roth, 2015b). As the evaluation phase showed, organizations did rarely consider these circumstances in their staff support programs. This reflects the global situation, and the observation that not enough is being done to ensure the consideration of gender in organizations' staff support programs (e.g., Welton-Mitchell, 2013).

During the interviews, female staff in particular emphasized the importance of organizational staff support, and national and international staff's access to these services. The evaluation phase, too, indicated that humanitarian workers appreciated staff support, and reportedly benefitted from these. Surprisingly, yet in line with the research from Ager et al. (2012) on national staff, and the research from Lopes Cardozo et al. (2005) on international staff, the results from the survey phase suggested that whether organizations provided staff support services or not did not matter in predicting humanitarian workers' mental health outcomes. This raises numerous questions about staff support programs in South Sudan and beyond, particularly with regards to the utilization of services by humanitarian workers, and the quality and ultimate efficacy thereof.

8.2 Implications for theory and future research

8.2.1 General implications for theory

The conclusions from each research phase and the analysis of the study as a whole have implications for theory. I derive six general implications in this regard that emerge directly from my study:

First, my findings, together with the body of research that generated similar results to mine (Ager et al., 2012; Eriksson et al., 2012; Miller & Rasmussen, 2010), challenge the persisting concentration of the literature on trauma and PTSD. They imply a paradigm shift, and the need for an increased focus on the effects of chronic stress on humanitarian workers' mental health.

Second, my findings suggest that the relationship between coping and mental health in crisis settings is complex. They point to the need for context-specific research on coping, as concluded by other academics who examined coping in conflict-affected populations too (Cherewick et al., 2016).

Third, the findings of my study reinforce the importance of intersectionality as critical theory in the context of studying the gender dimensions of humanitarian work. The importance of taking an intersectional approach to aid work was previously identi-

fied by Gritti (2015) and Roth (2015b). Given the consistency in findings, an intersectional approach must be applied when studying the gender and humanitarian work.

Fourth, research on team cohesion has largely focused on work performance, rather than individual well-being, and the relation between greater team cohesion and improved work performance is well established (Kozlowski & Ilgen, 2006; Salas, Grossman, Hughes, & Coultas, 2015). Together with other studies on humanitarian workers that produced similar results to mine (e.g., Ager et al., 2012; Eriksson et al., 2013), this study's findings support the theoretical assumptions that greater team cohesion leads to improved individual well-being (Markova & Perry, 2014), and that the absence of team cohesion poses a risk factor for mental health in the workplace (WHO, 2019).

Fifth, as noted before, multiple studies on humanitarian workers confirmed the positive effect of social support on humanitarian workers' mental health (e.g., Ager et al., 2012; Eriksson et al., 2012; Eriksson et al., 2013). Nonetheless, the findings of my study, together with the results from the qualitative analysis undertaken by Roth (2015b), point towards the necessity of applying a more nuanced theoretical approach to the construct of perceived social support in the particular occupational group of humanitarian workers.

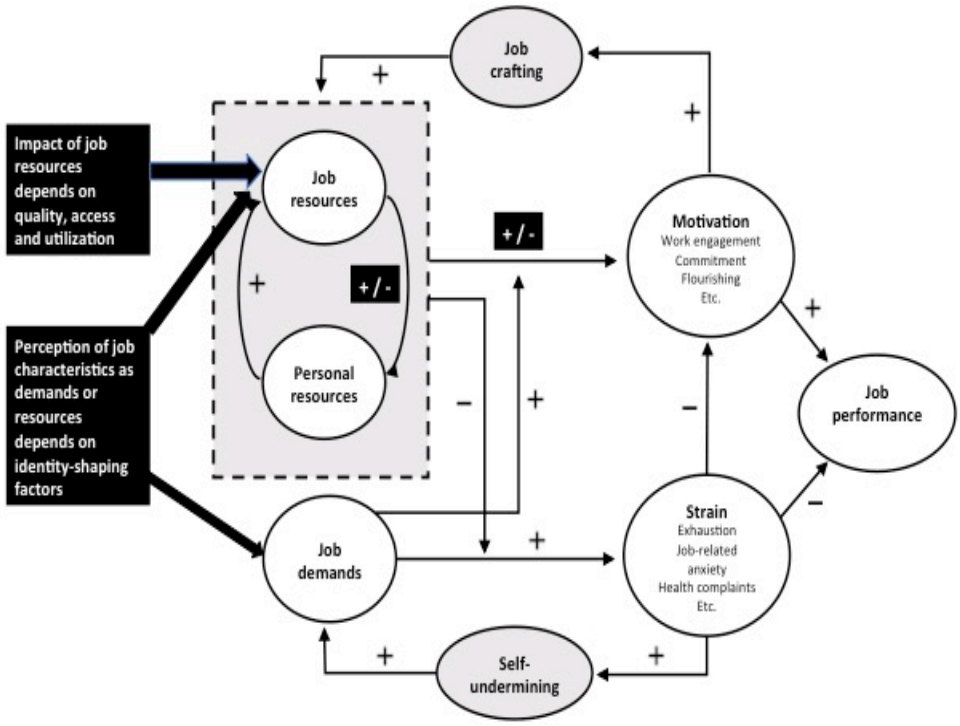
Sixth, my findings challenge the implicit assumption in the literature of a straightforward relation between the provision of organizational staff support services, and humanitarian workers' improved mental health and well-being. Other studies on the topic point to a more complex relationship, too (Ager et al., 2012; Lopes Cardozo et al., 2005). Furthermore, the findings of the evaluation phase in particular raise a series of ethical and legal questions, such as that of minimum standards for staff support, and whether organizations should operate if these cannot be met.

8.2.2 Specific implications for JDR theory

My findings have implications also for JDR theory and its application to humanitarian settings similar to South Sudan. Overall, JDR theory lends itself well as theoretical framework to the quantitative and qualitative study of mental health, gender, and organizational staff support on site: the three research phases identified key job demands (e.g., chronic stress) and key job resources (e.g., team cohesion, health insurance), indicated

personal resources of relevance (e.g., spiritual transcendence), and confirmed large parts of the tested core propositions (i.e., proposition 1 that all job characteristics can be divided into two categories with unique features and predictive values: job demands and job resources; proposition 2 that job demands instigate a health impairment process, especially in the case of chronic overload; proposition 3 that job resources have the potential to buffer job demands' impact on negative strain; proposition 5 that personal resources play a role similar to that of job resources; and proposition 6 that job strain impacts job performance negatively). However, my findings also showed that in the specific context of humanitarian work, a more nuanced view on JDR theory is required to adequately explain and predict employees' health impairment, employees' work engagement, and ultimately organizational performance as well as the underlying causal processes. Specifically, as the focused qualitative phase and the evaluation phase showed, to be applicable in this particular context, the differing perceptions of job demands and job resources based on identity-shaping factors such as gender, age, and nationality must be considered. Further, the fact that some humanitarian workers are reluctant to utilize available job resources or face barriers in accessing these, must be factored in when JDR theory is applied in a humanitarian context. In addition, the quality of job resources plays an important role, including with regards to uptake. Finally, some job characteristics can be enabling and thus qualify as job resources, while at the same time bear the risk to impact humanitarian workers' health negatively. An example is the generally positive encouragement to meet fellow humanitarians to discuss work in an informal setting which, however, oftentimes ends in excessive alcohol consumption and the pressure to socialise. Figure 8.1 shows the JDR model including the required considerations and their potential direct impact on the theory's prepositions and causal mechanisms.

Figure 8.1: JDR model revisited



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8.2.3 Implications for future research

In terms of future research, I urge academics to collaborate closely with humanitarian workers, humanitarian organizations, and donors to leverage powerful synergies ("Health and humanitarian action", 2018). I suggest they prioritize the fields of coping, lived experiences, and organizational staff support in their research agendas. This suggestion emerged from the observed inconsistency of previous research results, the limited data we currently have on these particular fields, and the great value such research would have for humanitarian workers and the literature. Specifically, I make four recommendations for future research:

- *Investigate coping strategies in the specific context of crisis settings*. The construct of coping must be understood better in order to formulate evidence-based recommendations on protective behaviour. Research focusing on coping in crisis settings will

not only benefit the literature on humanitarian workers, but can also be used to inform research and interventions targeting other conflict-affected populations (Cherewick et al., 2016).

- *Undertake further research on the lived experiences of sub-groups of the humanitarian workforce, such as national staff*. Such research is needed to generate a more holistic understanding of the perceptions within this occupational group in South Sudan and globally. The findings will complement the study at hand, and contribute to addressing the strong call within the sector to tackle inequalities between national and international staff (e.g., "Secret aid worker", 2017; Canavera, 2016; Pauletto, 2018).

- *Conduct research on the efficacy of staff support services*. Such research is of particular importance, as it will facilitate prioritization of individual services in a context of scarce financial resources. It will also unravel underlying mechanisms that contribute to service efficacy, and thus will facilitate the adjustment of the respective measures in South Sudan and beyond. To demonstrate, a study on the related occupational group of soldiers showed that R&R was beneficial only for some study participants, and that the activities undertaken during R&R significantly influenced soldiers' reportage of recovery (Parsloe, Jones, Fertout, Luzon, & Greenberg, 2014).

- *Assess the efficacy of e-mental health (eMH) among humanitarian workers*. eMH is a comparatively new way of providing information and care services related to mental health through the use of the Internet or other technologies. Examples include Apps such as "Headspace", counselling services delivered through video conferencing, and online support/chat groups on specific mental-health related topics. Up to this date, eMH is hardly mentioned in the literature on staff support, yet the concept provides a series of attractive benefits. These include reduced costs and constant accessibility regardless of place and time (DeFino, 2018). In the light of these benefits, eMH could present a viable solution for persisting issues in the realm of staff support, such as the limited funding available to organizations, and the remoteness of some duty stations. However, studies on

the efficacy of eMH are up to this date scarce (Hilty, Chan, Hwang, Wong, & Bauer, 2017). Furthermore, as this study showed, some humanitarian workers perceived the geographical distance to counsellors as a barrier in utilizing the psychosocial support services made available to them. Specific research in the area of eMH would help a great deal in determining its applicability to the humanitarian community in South Sudan, and beyond.

8.3 Implications for practice and workable recommendations

The third research question asks about the implications of research findings for humanitarian stakeholders, particularly with respect to organizational staff support in South Sudan. The conclusions and integrated study findings have two main implications for practice: first, they point to the strong need for organizations in South Sudan to create an environment conducive to the delivery of improved staff support services. Sub-section 8.3.1 on setting the stage for improved staff support provides recommendations toward this end. Second, the conclusions and integrated study findings crystallize the urgency for organizations in South Sudan to tailor existing and introduce additional services based on needs. Sub-section 8.3.2 on tailored staff support services provides respective recommendations.

I base my recommendations on the findings from all three research phases. In the absence of specific studies on staff support efficacy, I rely on the current literature on organizational support to substantiate my recommendations. Recalling JDR theory, and as confirmed by previous research, leaders have the potential to influence job demands, job resources, and personal resources, for instance through inspirational motivation, and individual consideration (Bakker & Demerouti, 2018). Furthermore, leading by example and role modelling have been shown to be of great relevance for successful change within organizations (Hao & Yazdanifard, 2015; Qiu, Zhang, Hou, & Wang, 2018). Thus, with regards to the implementation of all following recommendations, senior managers' commitment is vital.

8.3.1 Setting the stage for improved staff support in South Sudan

The following ten recommendations for organizations in South Sudan focus on adjustments in organizational practices and structures. They are based on the service delivery issues of organizations on site as identified by the evaluation phase, and centred on the four areas of knowledge and awareness, monitoring and evaluation, cooperation between organizations, and staff support financing. In consideration of the finding that some organizations had very rudimentary support structures in place, some of the recommendations are fairly basic.

8.3.1.1 Recommendations on knowledge and awareness

The evaluation phase showed that knowledge and awareness of existing material on staff support among NGO representatives was very limited. The following recommendations address this gap.

- *Review existing material on staff support*. Entities such as IASC and Antares Foundation invested in research on staff support and developed evidence-based guidelines (Antares Foundation, 2012; IASC, 2007). These guidelines are available online for free. They aim at educating organizations about the concept and importance of staff support, and at assisting organizations in identifying their own needs and establishing adequate staff support systems. NNGOs and INGOs in South Sudan (as well as other organizations) can benefit greatly from these guidelines in order to better comprehend the scope of organizational staff support as understood by important actors in this field. In addition, this study produced quantitative and qualitative data that are highly relevant for organizational staff support in South Sudan. Most of these data are already publicly available through individual reports and academic articles (Strohmeier, 2018; Strohmeier et al., 2019), and have to potential to be of particular benefit for those organizations that do not collect data on a regular basis. As a start, I recommend that personnel working on staff support within organizations (e.g., Country Directors and HR Officers) familiarize them-

selves with the available global guidelines on organizational staff support and the South Sudan-specific data.

- *Establish an online knowledge base on staff support*. With the objective to simplify access, and with a view on time efficiency, I recommend relevant material on staff support (e.g., links to websites, guidelines, and research papers) to be compiled in one place, and made accessible to organizations in South Sudan. One option to achieve this is to gather relevant links and material on the NGO Forum website, for instance through support from a short-term consultant. NGO Forum staff can then maintain the knowledge base, and announce its existence through their listserv and regular meetings held with Country Directors.

8.3.1.2 Recommendations on monitoring and evaluation

The evaluation phase also showed that organizations' monitoring and evaluation activities in the context of staff support were insufficient. These can be scaled up through the implementation of the below-listed recommendations.

- *Assess staff's needs, and the implementation and efficacy of support services on a regular basis*. Organization-specific measures such as staff surveys, appraisals, and meetings reportedly helped NGOs with identifying issues and concerns faced by individual staff members. These measures also helped NGOs to identify challenges and gaps in their service provision, and potential ways to address these. To understand even better what works with regards to staff support and why, I recommend organizations to complement surveys and meetings with additional, rigorous research. Such research is best planned and implemented through cooperation between organizations and external partners, such as Universities or specialized entities such as Antares Foundation. The findings from such research will facilitate evidence-based service delivery and can be used to substantiate organizations' funding requests to donors. In case organizations lack the resources to

commission research on staff support, novel funding opportunities such as those offered by Research for Health in Humanitarian Crisis, in short R2HC, may offer solutions.

- *Collect and analyse data on incidents*. I recommend organizations collect and analyse additional qualitative and quantitative data on incidents, such as work-related accidents, hospital visits, and harassment. These data will provide organizations with an overview of the type and scale of issues staff experience and – if done systematically – facilitate better planning and allocation of funds (e.g., selecting a suitable health insurance provider and insurance plan). Furthermore, if compared across organizations and over time, such data are very powerful in that they will help identifying what works with regards to staff support and why at a larger scale.

- *Develop specific safeguarding mechanisms*. In addition to staff surveys and other forms of data collection, such as meetings between staff and management, I recommend organizations to develop specific safeguarding mechanisms. These should be put in writing and include information on how and to whom to report any form of misconduct (e.g., discrimination based on gender or nationality at the workplace), the steps to be taken by organizations to address these issues, and the consequences to be expected by perpetrators. Additional measures for organizations to consider re protection of their employees include the preparation of a strong code of conduct, and more careful checking of references before hiring new employees (Oxfam International, n.d.).

8.3.1.3 Recommendations on cooperation between organizations

Cooperation between organizations in the field of staff support was rather limited. The following recommendations outline options how this issue can be addressed and joint initiatives be established.

- *Exchange experiences and engage in inter-organizational learning*. Organizations reported diverse challenges and good practices, and these present a valuable starting point for inter-organizational knowledge exchange and learning (e.g., about suitable insurance

providers and plans). I recommend organizations to continue identifying challenges and good practices, and share these with other organizations. Inter-organizational exchange and learning could be facilitated through a specific working group on staff support, or the inclusion of staff support as recurring agenda point in NGO Forum briefings held with Country Directors.

- *Team up in the provision of selected staff support services*. Where applicable, cooperation between organizations should be taken one step further. For instance, implementing trainings on workplace gender equality, and safety and security is more cost-effective if organizations team up. I recommend organizations consider this option and jointly explore opportunities for collaboration, for instance as part of the regular NGO Forum briefings held with Country Directors.

- *Pool resources to provide outsourced psychosocial support*. Both, organizations and staff, voiced the importance of psychosocial support, and my previous research on South Sudan substantiates this the strong call for such services (Strohmeier et al., 2019). However, some of those who had access to such services mentioned stigma and geographical distance between staff located in South Sudan and counsellors based abroad as barriers in utilizing these. I recommend organizations pool resources to contract qualified, independent staff to provide a wide range of psychosocial support services on site. The private sector and so-called Employee Assistance Programs (EAP) provide a model:

"An EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counselling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counsellors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations" (US Office of Personnel Management, n.d., p. 1).

Multiple studies from the private sector showed positive effects of EAPs on employees, including in the areas of work performance, days of absence, and team relations. Research also confirmed that EAPs are cost effective for companies and organizations, including due to reduced medical costs and losses attributed to poor work performance (The Employee Assistance Trade Association, 2015).

8.3.1.4 Recommendations on staff support financing

The limited availability of funds was a key barrier that hampered NGOs to improve the quantity and quality of their service delivery. The following recommendations aim at the prevention of financial deficits in the area of staff support.

- *Ensure staff support funding mechanisms are sustainable*. The most common option to finance staff support is to factor the costs into the overhead costs of projects. However, this option alone is not sufficient, as projects may not be extended. Consequently, I recommend organizations establish complementary mechanisms that cover staff support in case of need. Earmarking core funds for staff support is one appropriate option towards this end. Furthermore, investments in prevention and planning are more cost-effective in the long run than investments in response. For instance, access to health services in South Sudan's field locations was limited or absent, and organizations struggled with the provision of care for sick staff based in these areas. Ensuring that staff undergo regular medical check-ups in Juba, and receive briefings on health risks are prevention measures that will likely reduce the number of incidents and associated costs.

- *Enhance lobbying efforts with donors for staff support financing*. Organizations have a duty of care to their employees, and this study provided additional data that point to the strong need for improved organizational staff support in South Sudan. I recommend organizations enhance their lobbying efforts with donors on this basis.

In addition to these recommendations for organizations in South Sudan, I urge donors financing the humanitarian response in the country to make written staff support policies a requirement for funding: to date, most donors have requirements in place for the integration of gender considerations into portfolios, which successfully pushed organizations to increase their efforts towards creating gender-responsive projects. Requiring organizations to have a written staff support policy is likely to yield similar effects, and will incentivize organizations to put a greater focus on this topic. At a minimum, I recommend such policies entail information on the type of services provided, to whom they are available (e.g., national versus international staff), and how they are financed.

8.3.2 Tailored staff support services based on needs in South Sudan

In addition to the previous recommendations, this study showed the need for organizations in South Sudan to tailor existing and introduce additional services based on the identified needs. Towards this end, I make four key recommendations for organizations on stress exposure, team cohesion, training, and staff rotation. While these aim at improving the situation for the humanitarian workforce as a whole, I highlight where tailored actions are needed to address needs specific to national/international staff and/or male/female humanitarian workers.

- *Mitigate top-ranked stressors*. As the survey phase showed, chronic stress exposure was most consistently associated with mental health problems. Top ranked stressors, such as uncertainty about the political stability in the country, and separation from close relatives due to work responsibilities cannot be eliminated. Instead, I recommend organizations invest in measures that mitigate the effects of experiencing these and other stressors. For instance, developing and disseminating thorough security and evacuation protocols, and confirming with staff that they are covered in case of need are remedies that may help mitigate stress caused by the uncertainty about the political stability. Providing comprehensive briefings prior to deployment on the implications of humanitarian work on staff's personal life, and granting traditional staff support services that promote work-

life balance (e.g., R&R), may help address stress caused by family separation. The specific conditions of both national and international staff need to be taken into consideration in the mitigation of stressors and addressed accordingly.

- *Invest in interventions that enhance team cohesion*. All three research phases pointed to the importance of team cohesion. The literature offers a wide array of possible interventions that aim at enhancing team cohesion, and most of these are cantered on team building. However, research on the true effects of these interventions on team cohesion generated diverse results: tested largely in the field of sport psychology, some studies indicated that team building interventions lead to higher levels of team cohesion (e.g., Senécal, Loughead, & Bloom, 2008; Stevens & Bloom, 2003). Other studies did not find this effect (e.g., Bloom, Stevens, & Wickwire, 2003). Research concluded that the efficacy of interventions seems to depend on a variety of factors, such as the person facilitating the intervention (McIntyre, Strobel, Hanner, Cunningham, & Tedrow, 2003). This highlights the importance for organizations to choose wisely in what type of interventions they invest, and how to implement these. In any case, team cohesion interventions must consider potential tensions between national and international staff, and make an effort to address these. They must also consider potential tensions related to gender and touch upon concerns such as harassment and gender-based discrimination.

- *Make regular training on mental health mandatory, including training on gender equality*. The survey phase showed that mental health problems are widespread among humanitarian workers, and the qualitative phase revealed a strong gender dimension of humanitarian work. Thus, the recommended trainings should cover relevant topics, such as the impacts of unaddressed trauma, the short and long-term effects of excessive alcohol consumption on psychological and physical well-being, and the implications of harassment and other forms of discrimination, including based on gender and nationality. In doing so, it is important to consider the local context and be sensitive to cultural norms and manners. Furthermore, it is important for these trainings to provide information on

humanitarian workers' rights, and their options to address potential issues, such as gender inequalities and other forms of discrimination.

Re format, stakeholders have multiple options: the trainings could be held in Juba, for instance through the NGO Forum. They could also be integrated in the Safe and Secure Approaches in Field Environments training that is held regularly by UNDSS on site – up to this date, the emphasis on mental health and gender in these trainings is marginal. The trainings could also be offered online: many organizations have mandatory training courses for staff to complete before they are allowed to travel to E duty stations (e.g., the UN "Security in the Field" online courses), and these could be expanded accordingly. Furthermore, the UNWomen Training Center provides a great number of gender trainings. Organizations could inquire about the Center's interest in developing one course on gender and the humanitarian workforce. Finally, the Headington Institute provides relevant educational material online targeted at humanitarian workers, including on resilience, stress and burnout, trauma, and women and gender. As a complementary measure, I recommend organizations inform their staff about these resources.

- *Develop and implement staff rotation systems*. The primary objective of staff rotation is to prevent fatigue and mental health problems such as burnout among employees (Devadason, 2012). As such, they respond to the mental health problems of humanitarian workers as identified in the survey phase. The system implies that international humanitarian workers are assigned to posts in Headquarters and away from Headquarters every few years. Future posts are assigned based on the degree of hardship and comfort of previous duty stations. In some organizations, such as UNHCR, staff rotation is already mandatory, and the time spent in each location is fixed (Devadason, 2012; UN Secretariat, 2017). Many Governments apply rotation systems for staff working in their Offices of Foreign Affairs, too. Additional benefits of staff rotation are increased opportunities for career development, and the acquisition of additional knowledge and skills (UN Secretariat, 2017). Importantly, staff rotation also opens up opportunities to better reconcile work and family life – a problem women in particular face as the qualitative phase showed –, and likely reduce the competition for jobs within the sector. Given the wealth of benefits,

and the potential to address multiple issues this study identified, I recommend organizations to develop staff rotation systems. The implementation of such systems is administratively not as easy and will likely pose a challenge for smaller organizations with very limited Headquarter and Regional Office positions. However, most organizations still operate in countries that are less difficult than E duty stations, and rotation could be organized between E duty stations and postings in these countries. NNGOs should think about rotation within South Sudan, which would benefit national staff in particular.

Complementing these recommendations for organizations, I urge humanitarian workers to practice self-care regularly. While the literature on humanitarian workers does not include many references to self-care, there is consent that practicing self-care is an important component of humanitarian workers' mental health and well-being (e.g., Antares Foundation, 2012; UNICEF, 2009; Welton-Mitchell, 2013). Available studies have shown the positive effects of typical practices, such as getting enough sleep and mindfulness meditation, can have on people's mental and emotional resilience (e.g., "Sleep and mental health", 2009; Goyal et al., 2014). Further self-care measures of particular interest for humanitarian workers include exercising, eating properly, allocating time for self-reflection, and engaging in creative exercises (Antares Foundation, 2012; UNICEF, 2009). Humanitarian workers could use Apps such as "Headspace", a mindfulness and meditation App which organizations like UNOCHA and MSF finance for their staff, as help. Finally, and although not mentioned as part of the activities usually associated with self-care, many humanitarian workers I have spoken to throughout the course of this study mentioned the great value of bringing personal belongings to the duty station, and the strong benefits of investing in creating a "home" on site.

8.3.3 Broader implications for humanitarian practice

My study focused on the local realities in South Sudan. However, its findings have broader implications, and the potential to inform humanitarian practices in settings similar to South Sudan and global discourses related to aid worker protection. For instance,

humanitarian stakeholders elsewhere can draw valuable lessons from the recommendations spelled out in the previous two sections and adjust these based on need: the important role of chronic stress exposure in determining mental health problems has also been established by research on this occupational group in other settings (Ager et al., 2012; Eriksson et al., 2012). My study strengthens the evidence-base in this regard and supports the call for organizations elsewhere to mitigate chronic stress exposure as part of their staff support programs. However, my study also makes an original contribution by finding that top-ranked stressors differ between crisis settings, indicating the need for organizations to identify context-specific stressors and tailor their interventions accordingly in order to comply with their obligation "to mitigate the possible psychosocial consequences of work in crisis situations" (IASC, 2007, p. 87). A second example is team cohesion: my study established that a lower degree of team cohesion between co-workers is associated with a higher level of depersonalization, and that team cohesion, including relationships between national and international staff, substantially influences humanitarian workers' lived experiences. Other studies on humanitarian workers have come to similar conclusions (Ager et al., 2012; Eriksson et al., 2013). On this basis it is reasonable to assume that team cohesion affects humanitarian workers' well-being in other crisis settings, too, and to advise humanitarian organizations to increase their investments in teambuilding activities, including those aimed at improving relationships between national and international staff. Furthermore, my study showed that the recommendations spelled out in the current literature on staff support are – if at all – implementable for comparatively large, international organizations in South Sudan only; they are not workable for small NNGOs on site. NNGOs play an important role in the humanitarian response in other crisis settings too, including due to their ability to respond fast, cheap, and in "culturally appropriate" manners ("Local NGOs play key", 2014; ALNAP, n.d.; van der Zee, 2015). Since NNGOs generally face severe funding issues (van der Zee, 2015), and likely have limited human resource capacities in the area of staff support, my recommendations on setting the stage for improved staff support present a valuable resource for these organizations in countries beyond South Sudan, too.

In addition to these implications for organizational staff support in its traditional form, my study has implications for the discourse on "safeguarding" that as of late has dominated the humanitarian agenda, especially in the Global North (Sandvic, 2019). With its origins in UK law, safeguarding initially referred to vulnerable children and adults only. However, and largely as a response to the misconduct of Oxfam staff in the aftermath of the 2010 earthquake in Haiti, the concept now has a broader meaning: while a sector-wide definition does not exist, safeguarding focuses on sexual misconduct and, in essence, now captures actions from development and humanitarian stakeholders that on the one hand protect staff from harm caused by abuse, violence, and sexual harassment, and on the other hand ensure beneficiaries are not harmed by staff (Sandvic, 2019). Oxfam International for instance developed a ten-point plan to implement safeguarding practices, which foresees actions such as increasing investments in safeguarding in terms of financing and staffing; strengthening internal processes, for instance through making safeguarding an integral part of recruitment and performance management; and reinforcing a culture of zero tolerance towards harassment, abuse, or exploitation, including through the set-up of a Prevention of Sexual Exploitation and Abuse taskforce (Oxfam International, n.d.).

As the literature on safeguarding criticises, data on the gender dimensions of humanitarian work are scarce, and cases of abuse, violence, and harassment grossly underreported. This situation is part of the problem, given that the vast lack of data is predominately caused by fear experienced by victims and witnesses of negative career consequences (House of Commons, 2018). It is this context in which my research makes a contribution: some of the experiences international female humanitarian workers reported during the focused qualitative phase of my study support the evidence base of sexual misconduct within the humanitarian sector and thus underpin the urgent need for a sector-wide safeguarding agenda. Furthermore, they have the potential to shape particular elements thereof through the provision of insights into the forms of misconduct as recorded within the humanitarian sector in one of the worst humanitarian crises globally. Examples include the use of demeaning language used by male staff towards their female colleagues and unwelcome requests from male staff for dates with female staff, especially in

field locations where the number of male humanitarian workers on site is much higher than that of their female colleagues. Of relevance in this context is also the reported fear of severe sexual violence, particularly rape, based on previous incidents in the country.

Even more so, however, my study indicates the need for a broader understanding of safeguarding that goes beyond the current focus on sexual misconduct and includes other forms of gender discrimination within the sector. For instance, my study documented cases where female humanitarian workers' voices were not being heard in professional contexts. Women stated that these incidents impact their lived experiences negatively. The sidelining of women in the humanitarian sector must thus be understood as causing harm and be addressed, not least also as collectively such incidents create barriers to their career advancement (acknowledging that these and similar adverse treatments at the workplace are particularly challenging to address given that they are not as overt but rather undercurrent and difficult to prove) (Fink, 2018). This situation, as well as the issue of sexual misconduct discussed before, also crystallizes an overlap of staff support programs and safeguarding practices and the importance of aligning the two agendas: both are concerned with safety and security and the protection of humanitarian workers from physical and psychosocial harm.

8.4 Study contributions

This study provided a holistic and differentiated understanding of the research topic through the inclusion of national and international staff, the study of male and female staff, and the combination of quantitative and qualitative research methods. This study made several contributions: first and foremost it enriched the literature on humanitarian workers in the vastly understudied areas of mental health, gender, and organizational staff support through research in the unique crisis setting of South Sudan – one of the world's worst crisis settings (UN News, 2017), and the most dangerous country for aid workers globally (Humanitarian Outcomes, 2018). The contributions this study made to the particular area of substance use among humanitarian workers deserve special mentioning:

this mental health problem has up to this date rarely been studied in this occupational group, and anecdotal evidence was used as the main source of information. This study added to the much-needed robust evidence for the prevalence of hazardous alcohol consumption in crisis settings. Through the application of JDR theory as framework, this study also made a distinct theoretical contribution on the theory's applicability to humanitarian settings. Furthermore, this study made a practical contribution to the humanitarian sector through the development of recommendations in the area of organizational staff support tailored to the specific context of South Sudan. The data generated by this study provide a sound evidence base to raise humanitarian stakeholders' awareness on the topic, and to leverage additional funding from donors to address persisting issues.

8.5 Personal reflections and lessons learned

As mentioned in the first chapter of this thesis, my interest and commitment to undertaking this study derived from my personal experience with life in crisis settings, including South Sudan. My objective, in essence, was to make a theoretical contribution to the literature, and a practical contribution to the humanitarian sector with this study. Starting off this journey, I expected the course of my doctoral research to be different in some regards. Particularly, I expected the process as a whole to move much faster. For instance, the launch of the online survey and the analysis of the qualitative data took more time than envisioned, and long review periods and encompassing revision processes marked the publication of research articles. As such, this study taught me that research - just as working in the humanitarian sector - requires a great deal of patience and persistence. However, and to me personally more important, undertaking this study also taught me that I am able to bring up this level of patience and persistence if need be. I perceived the positive feedback from humanitarian workers in South Sudan on my research, its moral significance, and practical relevance as particularly helpful in this regard.

Undertaking this study has also deeply impacted my knowledge and understanding of the research topic. In this context I wish to reflect especially on the two observations that surprised me most and that I was not fully aware of before: first, the tension between Juba's rich social scene on the one hand, and the feeling of loneliness expressed

by many study participants on the other. Having worked and lived in Juba myself, I am well aware of the party scene my study participants referred to, including the superficiality inherent to many encounters and conversations at these events. However, my personal experience differed from those described by these humanitarian workers in that my time in South Sudan was largely characterized by the building of deep and trusted connections that last up to this date. Indeed, it is to a great extent these connections that make me look back at my time in South Sudan with fond memories (aside, of course, from the very saddening recollections I have of the severe hardship the South Sudanese population has to endure). It filled me with sorrow to realize that many other members of the humanitarian community suffer from loneliness in this environment – an environment where closeness is so immensely precious and much needed. Second, the dire conditions under which many NNGOs operate: while I was aware of the existence and relevance of NNGOs in the humanitarian response in South Sudan, I did not know much about the details of their operations and internal procedures, and the sacrifices many of their staff make to support fellow South Sudanese, respectively. The compassion these staff showed impressed me deeply – while the organizational context in which they found themselves frustrated me greatly. This situation also raised some questions that I had not considered before, such as how to utilize this compassion in ways that are safer and lead to better outcomes for everyone – humanitarian workers and beneficiaries. Eventually, both of these to me new observations made me wonder to what extent I myself used to lived in "a complete bubble" to not have noticed these circumstances before.

In addition to the above, I learned much about methods and MMR. It is also this component of my doctoral research where I recommend adjustments to researchers with similar endeavours. Beginning with reflections on the survey phase, I conclude that online surveys present a highly conducive tool to research humanitarian workers' mental health – if they are well designed. Specifically, I realized that finding a good balance between precision and simplicity is key, and that favouring simplicity over precision may, even though paradoxical at first sight, ultimately lead to more precise results at the end. To demonstrate, providing survey participants with the opportunity to answer in open text format offers space for ambiguous and unclear answers that are challenging for the re-

searcher to interpret and quantify, not least given the lack of the opportunity to probe. This situation thus bears a high potential to backfire and torpedo the original intend of this proceeding, namely to generate precise data. Hence, if the goal is to perform quantitative analysis, the consistent offering of predefined choices is based on my experience the better approach in the context of online surveys.

Moving on to reflections on the focused qualitative phase, I conclude that IPA is a suitable method to explore the lived experiences of humanitarian workers. However, and as noted in the literature, multi-perspective studies are indeed complex and require a significant amount of time. Thus, I advise researchers who plan to undertake multi-perspective studies to put specific attention to the feasibility of their project and allocate sufficient time for interviews, potential follow-up conversations, and the data analysis process. Further, I recommend restricting the number of participants included in the different groups of multi-perspective studies to the extent possible: IPA contains an ideographic focus, which requires detailed analysis of each case. The larger the sample, the more challenging it is to satisfy this aspect. For instance, I would have preferred providing an even more detailed analysis of each of the accounts shared by female staff and believe this would have enriched my study further. However, given that this was a multi-perspective study, and given that the focused qualitative phase constituted only one component of this doctoral research project, the sample of six female staff turned out to be too large in this regard; undertaking a more detailed analysis was not feasible.

Concerning the evaluation phase, my conclusion is positive throughout: comparative research on organizational staff support produces very valuable insights indeed. It is also this research phase, which I learned most from, including due to my limited previous experience with working with NGOs, particularly small NNGOs. I enjoyed witnessing the strong commitment to staff support from study participants, and, as a consequence, would have liked to dig even deeper into the circumstances of each organization. In addition, and given my strong interest, I considered enriching this research component further through bringing in external perspectives, such as those from regional insurance companies. Unfortunately, my time allocated for the evaluation phase was limited, and further investigations were not possible at that point in time.

I evaluate the choice of MMR as study design as a very good choice: the combination of quantitative and qualitative methods facilitated triangulation of findings and revealed underlying mechanisms. The findings on gender demonstrate this situation well. Overall, I can say the same about the specific methods I chose as part of this design: combining an online survey, IPA research, and an evaluation was a novel approach, and regarding the objectives and research questions of my study produced valuable results. However, with respect to future MMR on the topic, particularly on humanitarian workers' mental health and gender, I recommend considering other qualitative methods. Specifically, I propose the utilization of extended participant observation over further IPA research on international humanitarian workers. My argument for this alternative choice of method is largely based on the following experience: while the accounts delivered by study participants were insightful, they were in parts also generic, almost stereotypical. It seemed challenging for some participants to reflect deeply on the spot, and sharing these reflections right away with, in essence, a stranger, is understandably a challenging request. In comparison, the information obtained through short and informal conversations with informants was in large parts blunt, raw, to the point, and as such especially insightful. Similarly, the personal observations I made in the particular role as researcher on site (as opposed to my previous experience of working in the sector and being professionally and privately engaged with the humanitarian community in Juba) were very eye opening: attending parties, joining lunches and dinners, and appearing at meetings provided plenty of opportunities to identify patterns within the sector and between individuals and groups of people, respectively. The method of participant observation does not specifically aim at exploring humanitarian workers' lived experiences and as such would answer a different research question. However, I am certain that data generated through this method at this point in time have more potential to add to the literature and produce new findings than conducting further formal interviews with (international) humanitarian workers – a proceeding that I have come to learn builds the basis for most topic-related qualitative research.

As these reflections and lessons learned show, undertaking this doctoral research has benefitted me personally and professionally. I am especially grateful to conclude this

phase by being able to say that this study has not only provided answers, but also elicited new questions – questions related to the humanitarian community in South Sudan that sparked my interest and triggered commitment to engage in further research on the topic.

References

"Health and humanitarian action". (2018). Health and humanitarian action: bridging the gaps between research and practice. n.p.: Yale University.

"Hermeneutic research". (2010). Hermeneutic research Retrieved 2 February 2019, from https://koppa.jyu.fi/avoimet/hum/menetelmapolkuja/en/methodmap/strategies/hermeneutic-research

"Lived experience". (2011). Oxford reference: lived experience. Retrieved 17 June, 2019, from https://http://www.oxfordreference.com/view/10.1093/acref/9780199568758.001.0001/acref-9780199568758-e-1552?rskey=VzAoRs&result=1

"Local NGOs play key". (2014). Local NGOs Play Key Role in Humanitarian Response inside Anbar. Retrieved 12 August, 2019, from https://reliefweb.int/report/iraq/local-ngos-play-key-role-humanitarian-response-inside-anbar

"NRC kidnap ruling". (2015). NRC kidnap ruling is 'wake-up' call for aid industry. Retrieved 24 January, 2019, from http://www.irinnews.org/report/102243/nrc-kidnap-ruling-%E2%80%98wake-%E2%80%99-call-aid-industry

Harvard Humanitarian Initiative (Producer). (2017). *Protection of humanitarian action series: duty of care and sexual violence* [Retrieved from http://www.atha.se/podcasts/protection-humanitarian-action-series-duty-care-and-sexual-violence

"Secret aid worker". (2015a). Secret aid worker: sexual harassment and discrimination in the industry. *Secret aid worker.* Retrieved 25 August, 2017, from https://http://www.theguardian.com/global-development-professionals-network/2015/jul/29/secret-aid-worker-sexual-harassment-and-discrimination

"Secret aid worker". (2015b). Secret aid worker: sometimes I go to supermarkets to escape the loneliness. *Global development professionals network: Secret aid worker*. https://http://www.theguardian.com/global-development-professionals-network/2015/sep/01/secret-aid-worker-humanitarian-loneliness

"Secret aid worker". (2016a). Secret aid worker: is humanitarian work a career for escapists? Retrieved 26 March, 2019, from https://http://www.theguardian.com/global-development-professionals-network/2016/feb/23/secret-aid-worker-is-humanitarian-work-a-career-for-escapists

"Secret aid worker". (2016b). Secret aid worker: when your dream job ends in depression. *Global development professionals network: Secret aid worker*. https://http://www.theguardian.com/global-development-professionals-network/2016/jul/19/secret-aid-worker-when-your-dream-job-ends-in-depression

"Secret aid worker". (2017). Secret aid worker: why do we still value expats more than local staff? *The secret aid worker: working in development.* Retrieved 24 June, 2019, from https://http://www.theguardian.com/global-development-

professionals-network/2017/jul/25/secret-aid-worker-expats-local-staff-value-international-development
"Sleep and mental health". (2009, 18 March 2019). Sleep and mental health. Retrieved 8 May, 2019, from https://http://www.health.harvard.edu/newsletter_article/sleep-and-mental-health
"South Sudan referendum". (2011). South Sudan referendum: 99% vote for independence. Retrieved 13 March, 2019, from https://http://www.bbc.com/news/world-africa-12317927
The Comprehensive Peace Agreement between the Government of The Republic of The Sudan and The Sudan People's Liberation Movement/Sudan People's Liberation Army (2005).
Adaku, A., Okello, J., Lowry, B., Kane, J. C., Alderman, S., Musisi, S., & Tol, W. A. (2016). Mental health and psychosocial support for South Sudanese refugees in northern Uganda: a needs and resource assessment. *Conflict and Health, 10*(8). doi: https://doi.org/10.1186/s13031-016-0085-6
Ager, A., & Iacovou, M. (2014). The co-construction of medical humanitarianism: analysis of personal, organizationally condoned narratives from an agency website. *Social Science & Medicine, 120*, 430-438. doi: http://dx.doi.org/10.1016/j.socscimed.2014.05.053
Ager, A., Pasha, E., Yu, G., Duke, T., Eriksson, C., & Lopes Cardozo, B. (2012). Stress, mental health, and burnout in national humanitarian aid workers in Gulu, Northern Uganda. *Journal of Traumatic Stress, 25*, 713-720. doi: 10.1002/jts.21764
Aiken, D. (2018). The mental health implications of gender discrimination in the workplace. Retrieved 3 April, 2019, from http://oneill.law.georgetown.edu/the-mental-health-implications-of-gender-discrimination-in-the-workplace/
Alase, A. (2007). The Interpretative Phenomenological Analysis (IPA): a guide to a good qualitative research approach. *International Journal of Education & Literacy Studies, 5*(2), 9-19. doi: http://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9
Alexander, J. (2013). *Chasing chaos: my decade in and out of humanitarian aid*. New York: Broadway Books.
Allen, T. (2015). Life beyond the bubbles: cognitive dissonance and humanitarian impunity in Northern Uganda. In S. Abramowitz & C. Panter-Brick (Eds.), *Medical humanitarianism: ethnographies of practice* (pp. 96-118). Philadelphia: University of Pennsylvania Press.
Allen, T., Macdonald, A., & Radice, H. (Eds.). (2018). *Humanitarianism. A dictionary of concepts*. New York: Routledge.
ALNAP. (2018). The state of the humanitarian system. London: ALNAP.
ALNAP. (n.d.). National actors. Retrieved 12 August, 2019, from https://http://www.alnap.org/our-topics/national-actors
American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Arlington: American Psychiatric Association.
Amnesty International. (2016). Our hearts have gone dark: the mental health impact of South Sudan's conflict. London.

Anonymous. (2010). Care for the caretakers: rolling out a protocol or developing tailor-made programmes on the spot? *Intervention, 8*(2), 165-169.
Antares Foundation. (2012). Managing stress in humanitarian workers: guidelines for good practice (Third Edition ed.). Amsterdam.
Armagan, E., Engindeniz, Z., Devay, A. O., Erdur, B., & Ozcakir, A. (2006). Frequency of Post-Traumatic Stress Disorder among relief force workers after the Tsunami in Asia: do rescuers become victims? *Prehospital and Disaster Medicine, 21*(3).
Armstrong, R. A. (2014). When to use the Bonferroni correction. *Ophthalmic & Physiological Optics, 34*, 502-508. doi: 10.1111/opo.12131
Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J. A. Smith (Ed.), *Qualitative Psychology. A Practical Guide to Research Methods* (pp. 4-24). Los Angeles: Sage.
Atewologun, D. (2018). Intersectionality theory and practice. Retrieved 28 February, 2019, from http://oxfordre.com/business/view/10.1093/acrefore/9780190224851.001.0001/acrefore-9780190224851-e-48
Babor, T., Higgins-Biddle, J., Saunders, J., & Monteiro, M. (2001). AUDIT: The alcohol use disorders identification test. Guidelines for use in primary care (2nd ed.). Geneva.
Bakker, A., & Demerouti, E. (2017a). The Job Demands-Resource model: state of the art. *Journal of Managerial Psychology, 22*(3), 309-328.
Bakker, A., & Demerouti, E. (2017b). Job Demands-Resources theory: taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273-285. doi: 10.1037/ocp0000056
Bakker, A., & Demerouti, E. (2018). Multiple levels in Job Demands–Resources theory: implications for employee well-being and performance. In E. Diener, S. Oishi & L. Tay (Eds.), *Handbook of wellbeing*. Salt Lake City: DEF Publishers.
Barnett, M. (2011). *Empire of humanity: a history of humanitarianism*. Ithaca: Cornell University Press.
Belloni, A., & Chernozhukov, V. (2013). Least squares after model selection in high-dimensional sparse models. *Bernoulli, 19*(2), 521–547. doi: 10.3150/11-BEJ410
Bergman, C. (2003a). Preface. In C. Bergman (Ed.), *Another day in paradise: international humanitarian workers tell their stories* (pp. 11-16). Maryknoll: Orbis Books.
Bergman, C. (Ed.). (2003b). *Another day in paradise: international humanitarian workers tell their stories*. Eugene: Wipf and Stock Publishers.
Berkley Center for Religion, P. W. A. (2013). Sudan: Race and Religion in civil war *Religion and conflict case study series*. n.p.: Georgetown University.
Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A Qualitative Methodology of Choice in Healthcare Research
. *Qualitative Research in Psychology, 5*(3), 214-224.
Bilal, M. S., Rana, M. H., Rahim, S., & Ali, S. (2007). Psychological trauma in a relief worker: a case report from earthquake-struck areas of North Pakistan. *Prehospital and Disaster Medicine, 22*(5), 458-461.

Blake, M. (2017). Toward leading by example: gender inequality and the humanitarian sector. Retrieved 16 February, 2019, from http://atha.se/blog/toward-leading-example-gender-inequality-and-humanitarian-sector

Blanchetière, P. (2006). Resilience of humanitarian workers. n.p.

Blaque-Belair, M. (2003). My testimony. Bosnia. In C. Bergman (Ed.), *Another day in paradise: International humanitarian workers tell their stories* (pp. 101-112). Maryknoll: Orbis Books.

Bliese, P., & Halverson, L. (1996). Vertical and Horizontal Team Cohesion Scale. *Journal of Applied Social Psychology, 26*(117-1189). doi: 10.1111/j.1559-1816.1996.tb02291.x

Bloom, G. A., Stevens, D. E., & Wickwire, T. L. (2003). Expert coaches' perceptions of team building. *Journal of Applied Sport Psychology, 15*, 129–143.

Bolton, P., Tol, W. A., & Bass, J. (2009). Introduction to special issue: Combining qualitative and quantitative methods to support psychosocial and mental health programmes. *Intervention, 7*(3), 181-186.

Bortolotti, D. (2004). *Hope in Hell. Inside the world of Doctors Without Borders*. Buffalo: Firefly Books.

Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2015). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) in Veterans. *Psychological Assessment, 28*, 1379-1391. doi: 10.1037/pas0000254

Boylorn, R. M. (2008). Lived experience. In L. M. Given (Ed.), *The Ssge Encyclopedia of qualitative Research methods* (Vol. 1, pp. 489-490). London: Sage

Brady, K., Killeen, T., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of Clinical Psychiatry, 61*(7), 22-32.

Brauchli, R., Jenny, G., Füllemann, D., & Bauer, G. (2015). Towards a Job Demands-Resources Health Model. Empirical testing with generalizable indicators of job demands, job resources, and comprehensive health outcomes. *BioMed Research International*. doi: doi: 10.1155/2015/959621

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of Interpretative Phenomenological Analysis (IPA) in health psychology. *Psychology & Health, 21*(1), 87-108.

Brunello, N., Davidson, J. R. T., Deahl, M., Kessler, R. C., Mendlewicz, J., Racagni, G., . . . Zohar, J. (2001). Posttraumatic stress disorder: diagnosis and epidemiology, comorbidity and social consequences, biology and treatment. *Neuropsychobiology, 43*, 150-162. doi: 10.1159/000054884

Burgard, S. A., & Chen, P. V. (2014). Challenges of health measurement in studies of health disparities. *Social Science & Medicine, 106*, 143-150. doi: 10.1016/j.socscimed.2014.01.045

Burke, J. (2018). South Sudan soldiers jailed for murder and rape in hotel attack. Retrieved 25 January, 2019, from https://http://www.theguardian.com/world/2018/sep/06/south-sudan-soldiers-jailed-for-and-in-hotel-attack

Burri, A., & Maercker, A. (2014). Differences in prevalence rates of PTSD in various European countries explained by war exposure, other trauma and cultural value orientation. *BMC Research Notes, 7*(407). doi: 10.1186/1756-0500-7-407

Bush, K. R., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., & Bradley, K. A. (1998). Alcohol Use Disorders Identification Test - Consumption Items (AUDIT-C, AUDIT-3, AUDIT-QF). Retrieved 25 August, 2017, from http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/instrumentsearch.htm&TN=Instruments&CS=0&QY=find (Name ct Alcohol+Use+Disorders+Identification+Test+Consumption+Items)&RF=Full&DF=Full&MR=&NP=3&RL=0&DL=0&XC=&ID=&AC=QBE_QUERY

Cain, K., Postlewait, H., & Thomson, A. (2004). *Emergency sex and other desperate measures: a true story from hell on earth*. New York: Miramax

Campos-Serna, J., Ronda-Pérez, E., Artazcoz, L., Moen, B. E., & Benavides, F. G. (2013). Gender inequalities in occupational health related to the unequal distribution of working and employment conditions: a systematic review. *International Journal for Equity in Health, 12*(57). doi: 10.1186/1475-9276-12-57

Canavera, M. (2016). The local/international divide: reflection of a deeper problem in humanitarian aid? Retrieved 29 October 2018, from https://http://www.huffingtonpost.com/mark-canavera/the-localinternational-di_b_9247834.html

Carastathis, A. (2014). The concept of Intersectionality in feminist theory. *Philosophy Compass, 9*(5), 304-314. doi: https://doi.org/10.1111/phc3.12129

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology, 61*, 679-704. doi: https://doi.org/10.1146/annurev.psych.093008.100352

Charity Commission for England and Wales. (2019). Inquiry report: summary findings and conclusions. Oxfam. n.p.

Check, J., & Schutt, R. K. (2012). Survey research In J. Check & R. K. Schutt (Eds.), *Research methods in education* (pp. 159–185). Thousand Oaks: Sage Publications.

Chemali, Z., Smati, H., Johnson, K., Borba, C. P. C., & Fricchione, G. L. (2018). Reflections from the Lebanese field: "first, heal thyself". *Conflict and Health, 12*(8). doi: 10.1186/s13031-018-0144-2

Cherewick, M., Doocy, S., Tol, W., Burnham, G., & Glass, N. (2016). Potentially traumatic events, coping strategies and associations with mental health and well-being measures among conflict-affected youth in Eastern Democratic Republic of Congo. *Global Health Research and Policy, 1*(8). doi: https://doi.org/10.1186/s41256-016-0007-6

CIA. (2019). The World FactBook. South Sudan. Retrieved 13 March, 2019, from https://http://www.cia.gov/library/publications/the-world-factbook/geos/od.html

Collins, K., & Nicolson, P. (2002). The meaning of 'satisfaction' for people with dermatological problems: Reassessing approaches to qualitative health psychology research. *Journal of Health Psychology, 7*, 615-629. doi: 10.1177/1359105302007005681

Collins, P. Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., Daar, A. S., . . . Walport, M. (2011). Grand challenges in global mental health. *Nature, 475*, 27-30. doi: doi:10.1038/475027a

Colman, A. M. (2014). *A dictionary of psychology* (3 ed.). Oxford: Oxford University Press.

Connorton, E., Perry, M. J., Hemenway, D., & Miller, M. (2012). Humanitarian relief work and trauma-related mental illness. *Epidemiological Reviews, 34*, 145-155. doi: 10.1093/epirev/mxr026

Coolidge, F. L., Segal, D. L., Hook, J. N., & Stewart, S. (2000). Personality disorders and coping among anxious older adults. *Journal of Anxiety Disorders, 14*(2), 157–172. doi: https://doi.org/10.1016/S0887-6185(99)00046-8

Cooper, C., Katona, C., Orrell, M., & Livingston, G. (2006). Coping strategies and anxiety in caregivers of people with Alzheimer's disease: the LASER-AD study. *Journal of Affective Disorder, 90*(1), 15-20. doi: 10.1016/j.jad.2005.08.017

Cooper, C., Katona, C., Orrell, M., & Livingston, G. (2008). Coping strategies, anxiety and depression in caregivers of people with Alzheimer's disease. *International Journal of Geriatric Psychiatry, 23*, 929–936.

Coral L. Ruffin. (1993). Stress and health—little hassles vs. major life events. *Australian Psychologist, 28*(3). doi: https://doi.org/10.1080/00050069308258902

Crotty, M. (1998). *The foundations of social science research: meaning and perspective in the research process* (1 ed.). London: Sage Publications.

Curling, P., & Simmons, K. B. (2010). Stress and staff support strategies for international aid work. *Intervention, 8*(2), 93-105.

Dadié, S. (2015). *Staff retention strategies in a humanitarian context: the challenge of the Generation Y* (Master of Business Administration Master Thesis), Dublin Business School Dublin. Retrieved from https://pdfs.semanticscholar.org/1f1c/c8a3d78639747f11168529ec400f3b65a9c8.pdf

Darcas, C. (2003). Invincible. In C. Bergman (Ed.), *Another day in paradise: International humanitarian workers tell their stories* (pp. 51-62). Maryknoll: Orbis Books.

Davey, E., Borton, J., & Foley, M. (2013). A history of the humanitarian system: Western origins and foundations. London.

de Beer, J., Scherrer, R., & Rothmann, I. (2017). Stress, burnout and derailment and resilience in leadership. In A. J. Johnson & T. V. Veldsman (Eds.), *Leadership dynamis and well-being: Perspectives from the front line*. Randburg: KR Publishing

DeFino, M. (2018). E-Mental health: benefits, limitations, and the future. Retrieved 24 June, 2019, from https://iaphs.org/e-mental-health-benefits-limitations-future/

del-Pino-Casado, R., Perez-Cruz, M., & Frias-Osuna, A. (2014a). Coping, subjective burden and anxiety among family caregivers of older dependents. *Journal of clinical nursing, 23*, 3335–3344. doi: 10.1111/jocn.12561

del-Pino-Casado, R., Perez-Cruz, M., & Frias-Osuna, A. (2014b). Coping, subjective burden and anxiety among family caregivers of older dependents. *Journal of Cliical Nursing, 23*, 3335–3344. doi: 10.1111/jocn.12561

Demerouti, E., Bakker, A., Nachreiner, F., & Schaufeli, W. (2001). The Job Demands-Resource model of burnout. *Journal of Applied Psychology, 86*(3), 499-512.
Deutsche Welle. (2016). Embassies evacuate as violence worsens in South Sudan. Retrieved 19 August, 2017, from http://www.dw.com/en/embassies-evacuate-as-violence-worsens-in-south-sudan/a-19391966
Devadason, R. (2012). Humanitarians without borders: work, mobility and wellbeing in UNHCR *New issues in refugee research* UNHCR.
Dillon, P. (2003). My bodyguard. In C. Bergman (Ed.), *Another day in Paradise: international humanitarian workers tell their stories* (pp. 81-100). Maryknoll: Orbis Books.
Division of Counselling Psychology. (n.d.). Interpretative Phenomenological Analysis. Retrieved 15 February, 2019, from https://www1.bps.org.uk/networks-and-communities/member-microsite/division-counselling-psychology/interpretative-phenomenological-analysis
Dubbelt, L., Rispens, S., & Demerouti, E. (2016). Gender discrimination and job characteristics. *Career Development International, 21*(3), 230-245. doi: 10.1108/CDI-10-2015-0136
Dunkley, F. (2018). *Psychosocial support for humanitarian aid workers: a roadmap for trauma and critical incident care*. New York: Routledge.
Einbinder, N. (2018). Amid allegations of abuse, aid workers describe culture of sexual misconduct. Retrieved 24 January, 2019, from https://http://www.pbs.org/wgbh/frontline/article/amid-allegations-of-abuse-aid-workers-describe-culture-of-sexual-misconduct/
Ellemers, N. (2018). Gender stereotypes. *Annual Review of Psychology, 69*, 275-298. doi: https://doi.org/10.1146/annurev-psych-122216-011719
Eriksson, C., Cardozo, B. L., Foy, D. W., Sabin, M., Ager, A., Snider, L., . . . Simon, W. (2012). Predeployment mental health and trauma exposure of expatriate humanitarian aid workers: Risk and resilience factors. *Traumatology, 19*(1), 41-48. doi: 10.1177/1534765612441978
Eriksson, C., Holland, J., Currier, J., Snider, L., Ager, A., Kaiser, R., & Simon, W. (2014). Trajectories of spiritual change among expatriate humanitarian aid workers: A prospective longitudinal study. *Psychology of Religion and Spirituality, 7*(1), 13-23. doi: 10.1037/a0037703
Eriksson, C. B., Bjorck, J. P., Larson, L. C., Walling, S. M., Trice, G. A., Fawcett, J., . . . Foy, D. W. (2009). Social support, organisational support, and religious support in relation to burnout in expatriate humanitarian aid workers. *Mental Health, Religion and Culture, 12*(7), 671–686. doi: 10.1080/13674670903029146
Eriksson, C. B., Kemp, H. V., Richard Gorsuch, Hoke, S., & Foy, D. W. (2001). Trauma exposure and PTSD symptoms in international relief and development personnel. *Journal of Traumatic Stress, 14*(1), 205-212.
Eriksson, C. B., Lopes Cardozo, B., Ghitis, F., Sabin, M. E., Gotway Crawford, C. A., Zhu, J., . . . Kaiser, R. (2013). Factors associated with adverse mental health outcomes in locally recruited aid workers assisting Iraqi refugees in Jordan. *Journal of Aggression, Maltreatment and Trauma, 22*(6), 660-680. doi: 10.1080/10926771.2013.803506

Falcao, V., & Fox, H. (2015). Better not just bigger: reflections on the humanitarian response in South Sudan. Retrieved 25 January, 2019, from https://odihpn.org/magazine/better-not-just-bigger-reflections-on-the-humanitarian-response-in-south-sudan/

Fink, J. (2018). Gender sidelining and the problem of unactionable discrimination. *Stanford Law and Policy Review, 29*(57), 57-106.

Flom, P., & Cassell, D. (2007). Stopping stepwise: why stepwise and similar selection methods are bad, and what you should use.

Forum on China-Africa Cooperation. (2018). South Sudan: Chinese-built electricity poles plant inaugurated in South Sudan. Retrieved 14 March, 2019, from https://allafrica.com/stories/201804170297.html

Fouchier, C. d., & Kedia, M. S. (2018). Trauma-related mental health problems and effectiveness of a stress management group in national humanitarian workers in the Central African Republic. *Intervention, 16*(2), 103-109. doi: 10.4103/INTV.INTV_9_18

Fryrear, A. (2015). Survey response rates. Retrieved 18 August, 2017, from https://http://www.surveygizmo.com/survey-blog/survey-response-rates/

Gauche, C., de Beer, L. T., & Brink, L. (2017). Managing employee well-being: a qualitative study exploring job and personal resources of at-risk employees. *SA Journal of Human Resource Management, 15*. doi: https://doi.org/10.4102/sajhrm.v15i0.957

Gaul, A., Keegan, M., Lawrence, M., & Ramos, M. L. (2006). NGO security: does gender matter? : George Washington University.

Gilbert, J. (2016). 'The problem is the silence': challenges providing support to local INGO staff in Gaza. *Intervention, 14*(1), 60-69.

Global Affairs Canada. (2018). South Sudan. Retrieved 13 February, 2019, from https://http://www.international.gc.ca/cil-cai/country_insights-apercus_pays/ci-ic_su.aspx?lang=eng

Goyal, M., Singh, S., Sibinga, E. M. S., Gould, N. F., Rowland-Seymour, A., Sharma, R., . . . Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. *JAMA Internal Medicine, 174*(3), 357-368. doi: 10.1001/jamainternmed.2013.13018

Gritti, A. (2014). *Sequential MCA approach to aid worker's talk: The interactional negotiation of gender identity.* (Doctoral dissertation), University of Milano-Bicocca.

Gritti, A. (2015). Building aid workers' resilience: why a gendered approach is needed. *Gender & Development, 23*(3), 449-462.

Gritti, A. (2018). Identity negotiation across cultures: a case study of international women aid workers. In S. Schliewe, N. Chaudhary & G. Marsico (Eds.), *Cultural psychology of intervention in the globalized world* (pp. 265-282). Charlotte: Information Age Publishing.

Grogan, T., & Elashoff, D. (2017). A simulation based method for assessing the statistical significance of logistic regression models after common variable selection procedures. *Communications in Statistics - Simulation and computation, 46*(9), 7180-7193. doi: https://doi.org/10.1080/03610918.2016.1230216

Haberey-Knuessi, V., & Heeb, J.-L. (2017). New management systems and the ambiguous nature of resources: a qualitative study about healthcare middle managers. *International Archives of Nursing and Health Care, 3*(2). doi: 10.23937/2469-5823/1510071

Hakanen, J., & Schaufeli, W. (2012). Do burnout and work engagement predict depressive symptoms and life satisfaction? A three-wave seven-year prospective study. *Journal of Affective Disorder, 141*(2-3), 415-424. doi: https://doi.org/10.1016/j.jad.2012.02.043

Hao, M. J., & Yazdanifard, R. (2015). How effective leadership can facilitate change in organizations through improvement and innovation *Global Journal of Management and Business Research, 15*(9).

Harnois, C. E., & Bastos, J. L. (2018). Discrimination, harassment, and gendered health inequalities: Do perceptions of workplace mistreatment contribute to the gender gap in self-reported health? *Journal of Health and Social Behavior, 59*(2). doi: https://doi.org/10.1177/0022146518767407

Harvard Humanitarian Initiative. (n.d.). Humanitarians under attack: tensions, disparities, and legal gaps in protection. Retrieved 18 March, 2019, from http://atha.se/presentations/attacksonaid/I_tensions_a_nationality.html

Heale, R., & Forbes, D. (2013). Understanding triangulation in research. *Evidence Based Nursing, 16*(4), 98. doi: 10.1136/eb-2013-101494

Hearns, A. (2017). *Humanitarian aid workers' perceptions of stress management services.* (Doctor of Philosophy PhD), Walden University, n.p. Retrieved from https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?referer=https://http://www.google.com/&httpsredir=1&article=4351&context=dissertations

Hefferon, K., & Gil-Rodriguez, E. (2011). Interpretative Phenomenological Analysis. *The Psychologist, 24*(10).

Hemming, G. L. (2017). *Understanding the experiences of students and teachers of students diagnosed with ADHD: An interpretative phenomenological analysis of the ADHD label in schools.* (Degree of Applied Educational and Child Psychology Doctorate), University of Birmingham, n.p.

Higgs, J., Paterson, M., & Kinsella, E. A. (n.d.). Hermeneutic inquiry: interpretation and understanding in research practice. Retrieved 2 February, 2019, from http://www.contemporarypsychotherapy.org/vol-4-no-1-spring-2012/hermeneutic-inquiry/

Hilty, D. M., Chan, S., Hwang, T., Wong, A., & Bauer, A. M. (2017). Advances in mobile mental health: opportunities and implications for the spectrum of e-mental health services. *mHealth, 3*(34). doi: doi: 10.21037/mhealth.2017.06.02

Holton, M. K., Barry, A., & Chaney, J. D. (2016). Employee stress management: An examination of adaptive and maladaptive coping strategies on employee health. *Work, 53*(2), 299-305. doi: 10.3233/WOR-152145

Holtz, T. H., Salama, P., Cardozo, B. L., & Gotway, C. A. (2002). Mental Health Status of Human Rights Workers, Kosovo, June 2002. *Journal of Traumatic Stress, 15*(5), 389-395.

Houldey, G. (2017). Why a commonly held idea of what aid workers are like fails to tell the full story. from https://theconversation.com/why-a-commonly-held-idea-of-what-aid-workers-are-like-fails-to-tell-the-full-story-85365
House of Commons. (2018). Sexual exploitation and abuse in the aid sector (Vol. Eighth Report of Session 2017–19). London: House of Commons.
Huang, Q., Xing, Y., & Gamle, J. (2016). Job demands–resources: a gender perspective on employee well-being and resilience in retail stores in China. *The INternational Journal of Human Resource Management*. doi: https://doi.org/10.1080/09585192.2016.1226191
Humanitarian Outcomes. (2018). Aid worker security report 2018: figures at a glance. London.
Humanitarian Outcomes. (n.d.). Methodology. Retrieved 18 March, 2019, from https://http://www.humanitarianoutcomes.org/methodology
IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.
IASC. (n.d.). Welcome to the IASC. Retrieved 17 April, 2019, from https://interagencystandingcommittee.org/
International Civil Service Commission. (2019a). A guide to the mobility and hardship scheme and related arrangements Retrieved 8 January, 2019, from https://icsc.un.org/Resources/HRPD/Booklets/MOBILITYENG.pdf
International Civil Service Commission. (2019b). Hardship classification: consolidated list of entitlements circular. Retrieved 8 January, 2020, from https://icsc.un.org/Home/GetDataFile/5780
IOM. (2019). Protection of Civilian (PoC) sites, Juba. Juba.
Jachens, L., Houdmont, J., & Thomas, R. (2016). Effort–Reward Imbalance and heavy alcohol consumption among humanitarian aid workers. *Journal of Studies on Alcohol and Drugs, 77*(6), 904–913. doi: https://doi.org/10.15288/jsad.2016.77.904
James, G., Witten, D., Hastie, T., & Tibshirani, R. (2013). *An introduction to statistical learning: With applications in R*. New York, Heidelberg, Dordrecht, London: Springer.
Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research, 1*(2), 112-133. doi: https://doi.org/10.1177/1558689806298224
Jones, T., Baxter, M., & Khanduja, V. (2011). A quick guide to survey research. *Annals of the Royal College of Surgeons of England, 95*, 5-7. doi: 10.1308/003588413X13511609956372
Jootun, D., Mcghee, G., & Marland, G. R. (2009). Reflexivity. Promoting rigour in qualitative research. *Nursing Standard, 23*, 42-46. doi: 10.7748/ns2009.02.23.23.42.c6800
Kahn, S. (2018). 'Our NGO family has suffered a tragedy, and we will survive.' Evaluating a crisis response intervention with expatriate aid workers in Afghanistan. *Intervention, 16*(1), 38-45. doi: 10.1097/WTF.0000000000000154
Kapsou M, Panayiotou G, Kokkinos CM, & Demetriou AG. (2010). Dimensionality of coping: an empirical contribution to the construct validation of the brief-COPE

with a Greek-speaking sample. *Journal of Health Psychology, 15*(2), 215-229. doi: 10.1177/1359105309346516
Kavanagh, A., & Krnjacki, L. (2011). Accessibility to alcohol outlets and alcohol consumption: Findings from VicLANES. Carlton.
Kerdeman, D. (2014). Hermeneutics. In D. C. Philips (Ed.), *Encyclopedia of educational theory and philosophy* (pp. 375-383). London: Sage.
Khor, L. L. S. (2009). *Human rights discourses on a global network: Rhetorical acts and network actors from humanitarian NGOs, conflict sites, and the fiction market.* (Doctor of Philosophy PhD), The University of Texas at Austin. Retrieved from file:///Users/hannahstrohmeier/Downloads/KHOR-DISSERTATION.pdf
Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress, 26*(5), 537-547. doi: 10.1002/jts.21848
Kleinman, A. (2006). *What really matters: Living a moral life amidst uncertainy and danger*. Oxford: Oxford University Press.
Kleinman, A. (2010). Four social theories for global health. *The Lancet, 375*(9275), 1518-1519. doi: https://doi.org/10.1016/S0140-6736(10)60646-0
Kozlowski, S. W. J., & Ilgen, D. R. (2006). Enhancing the Effectiveness of Work Groups and Teams. *Psychological Science in the Public Interest, 7*(3). doi: https://doi.org/10.1111/j.1529-1006.2006.00030.x
Lalonde, T. E. (2014). *The significance of marriage intensives: A multi-perspective Interpretative Phenomenological Analysis of couples' post intensive experience.* (Doctor of Philosophy), Liberty University, n.p.
Leng, C., Lin, Y., & Wahba, G. (2006). A note on the LASSO and related procedures in variable selection. *Statistica Sinica, 16*, 1273-1284.
Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*(3), 324–327. doi: 10.4103/2249-4863.161306
Lilly, D. (2014). Protection of Civilians sites: a new type of displacement settlement? Retrieved 14 March, 2019, from https://odihpn.org/magazine/protection-of-civilians-sites-a-new-type-of-displacement-settlement/
Lopes Cardozo, B., Gotway Crawford, C., Eriksson, C., Zhu, J., Sabin, M., Ager, A., . . . Simon, W. (2012). Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study. . *Plos One, 7*(9: e44948). doi: doi:10.1371/journal.pone.0044948
Lopes Cardozo, B., Gotway-Crawford, C., Eriksson, C., Zhu, J., Sabin, M., Ager, A., . . . Simon, W. (2012). Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: A longitudinal study *Plos One, 7*(9). doi: https://doi.org/10.1371/journal.pone.0044948
Lopes Cardozo, B., Holtz, T. H., Kaiser, R., Gotway, C. A., Ghitis, F., Toomey, E., & Salama, P. (2005). The mental health of expatriate and Kosovar Albanian humanitarian aid workers. *Disasters, 29*(2), 152-170. doi: 10.1111/j.0361-3666.2005.00278.x

Lopes Cardozo, B., Sivilli, T. I., Crawford, C. A., Scholte, W. F., Petit, P., Ghitis, F., . . . Erikkson, C. (2013). Factors affecting mental health of local staff working in the Vanni region, Sri Lanka. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(6), 581-590. doi: 10.1037/a0030969

M. A. Bertocci, G. Bebko, A. Versace, S. Iyengar, L. Bonar, E. E. Forbes, . . . Phillips, M. L. (2016). Reward-related neural activity and structure predict future substance use in dysregulated youth. *Psychological Medicine, 47*(8), 1357-1369. doi: https://doi.org/10.1017/S0033291716003147

Malkki, L. H. (2015). *The need to help: the domestic arts of international humanitarianism*. Durham: Duke University Press.

Maren, M. (1997a). The big lie of foreign aid and international charity. In S. Hubbell (Ed.). San Francisco: Might Magazine.

Maren, M. (1997b). *The road to hell. The ravaging effects of foreign aid and international charity*. New York: The Free Press.

Markova, G., & Perry, J. T. (2014). Cohesion and individual well-being of members in self-managed teams. *Leadership & Organization Development Journal, 35*(5), 429-441. doi: https://doi.org/10.1108/LODJ-04-12-0058

Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory Manual.* (2nd edition ed.). Palo Alto: Consulting Psychologists Press.

Maslach, C., Jackson, S. E., & Leitner, M. (1997). *Maslach Burnout Inventory Manual* (3 ed.). Palo Alto: Consulting Psychologists Press.

McIntyre, R. M., Strobel, K., Hanner, H., Cunningham, A., & Tedrow, L. (2003). Toward an understanding of team performance and team cohesion over time through the lens of time series analysis n.p.: U.S. Army Research Institute for the Behavioral and Social Sciences

McKay, L. (2011). Resilience: building resilient managers in humanitarian organizations. Strenghtening key organizational structures and personal skills that promote resilience in challenging environments. n.p.: People in Aid.

McLaughlin, A., & Scalco, P. (2018). South Sudan Protection of Civilian sites: the guiding principles in practice. Retrieved 14 March, 2019, from https://reliefweb.int/report/south-sudan/south-sudan-protection-civilian-sites-guiding-principles-practice

Meneses-Gaya, C. d., Zuardi, A. W., Loureiro, S. R., & Crippa, J. A. S. (2009). Alcohol Use Disorders Identification Test (AUDIT): an updated systematic review of psychometric properties. *Psychology and Neuroscience, 2*(1). doi: http://dx.doi.org/10.3922/j.psns.2009.1.12

Mercy Corps. (n.d.). Quick facts: what you need to know about the South Sudan crisis. Retrieved 10 June, 2019, from https://http://www.mercycorps.org/articles/south-sudan/south-sudan-crisis

Midden, K., & Deshmukh, S. (2017). #AidToo: How development organizations can respond to sexual violence. Retrieved 26 January, 2019, from https://http://www.devex.com/news/aidtoo-how-development-organizations-can-respond-to-sexual-violence-91707

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused

and psychosocial frameworks. *Social Science & Medicine, 70*, 7-16. doi: 10.1016/j.socscimed.2009.09.029

Labour Act (2017).

Mollica, R. F. (2004). *Measuring trauma, measuring torture: Instructions and guidance on the utilization of the Harvard Program in Refugee Trauma's versions of The Hopkins Symptom Checklist-25 (HSCL-25) & the Harvard Trauma Questionnaire (HTQ)*. Cambridge, MA: Harvard Program in Refugee Trauma.

Muhumuza, R. (2017). Aid workers face unique crisis in South Sudan war, says ICRC. Retrieved 8 May, 2018, from http://www.chicagotribune.com/news/nationworld/sns-bc-af--south-sudan-humanitarian-crisis-20170821-story.html

Murphy, T. (2017). Building a humanitarian career: how to find a job you love. In T. Shulsinger (Ed.). n.p.: Northeastern University

Musa, S. A., & Hamid, A. A. R. M. (2008). Psychological problems among aid workers operating in Darfur. *Social Behaviour and Personality: An International Journal, 36*(3), 407-416. doi: 10.2224/sbp.2008.36.3.407

National Health and Care Institute. (2011). Common mental health problems: identification and pathways to care. Retrieved 17 February, 2019, from https://http://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems

NGO Forum South Sudan. (2020). About us. Retrieved 13 January, 2020, from https://southsudanngoforum.org/about/

Norbert, M. (2015). Aid worker: I was drugged and raped by another humanitarian in South Sudan. *2019*. https://http://www.theguardian.com/global-development-professionals-network/2015/jul/29/aid-worker-rape-humanitarian-south-sudan-sexual-violence

Norbert, M. (2016). I was raped in South Sudan ... then went back. *The Guardian*. Retrieved from https://http://www.theguardian.com/global-development-professionals-network/2016/feb/06/i-was-raped-in-south-sudan-then-went-back

Oberholster, A. J., Clarke, R., Bendixen, M., & Dastoor, B. (2013). Expatriate motivation in religious and humanitarian non-profit-organizations. *Journal of Global Mobility: The Home of Expatriate Management Research, 1*(1).

Omidian, P., & Panter-Brick, C. (2015). Dignity under extreme duress: the moral and emotional landscape of local humanitarian workers in the Afghan-Pakistan border areas. In S. Abramowitz, C. Panter-Brick & P. Piot (Eds.), *Medical Humanitarianism: Ethnographies of Practice*. Philadelphia: University of Pennsylvania Press.

Orbinski, J. (2008). *An imperfect offering: humanitarian action for the twenty-first century*. New York: Walker & Company.

OSAC. (2017). South Sudan 2017 crime & safety report. n.p.

Oxfam International. (2017). South Sudan gender analysis. n.p.: Oxfam International.

Oxfam International. (n.d.). Safeguarding in action: our 10-Point Plan. Retrieved 1 July, 2019, from https://http://www.oxfam.org/en/oxfams-commitment-stamping-out-sexual-harassment-and-abuse

Pagnini, F., Gibbons, C. J., & Castelnuovo, G. (2012). The importance of an idiographic approach for the severe chronic disorders—the case of the amyotrophic lateral sclerosis patient. *Frontiers in Psychology, 12*(509). doi: 10.3389/fpsyg.2012.00509

Palaganas, E. C., Sanchez, M. C., Molintas, M. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: a journey of learning. *The Qualitative Report, 22*(2), 426-438. doi: https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2552&context=tqr

Palinkas, L. A. (2014). Qualitative methods in mental health services research. *Journal of Clinical Child and Adolescent Psychology, 43*(6), 851–861. doi: doi:10.1080/15374416.2014.910791

Palinkas, L. A., Horowitz, S. M., Chamberlain, P., Hurlburt, M. S., & Landsverk, J. (2011). Mixed-methods designs in mental health services research: a review. *Psychiatric Services, 62*(3).

Pantuliano, S. (2015). Life on the humanitarian frontlines: the challenge of staying the course. Retrieved 10 September, 2018, from https://http://www.odi.org/comment/9795-life-humanitarian-frontlines-challenge-staying-course

Parsloe, L., Jones, N., Fertout, M., Luzon, O., & Greenberg, N. (2014). Rest and recuperation in the UK Armed Forces. *Occupational Medicine, 64*(8), 616–621. doi: doi:10.1093/occmed/kqu119

Patinki, J. (2016). Rampaging South Sudan troops raped foreigners, killed local. Retrieved 11 March, 2019, from https://http://www.apnews.com/237fa4c447d74698804be210512c3ed1

Pauletto, E. (2017). Ten years ago I was sent to DR Congo as an aid worker without security training. Not much has changed. Retrieved 13 May, 2019, from https://qz.com/africa/995889/un-and-ngo-aid-workers-need-better-training-in-countries-like-dr-congo/

Pauletto, E. (2018). The shocking inequity in foreign aid nobody talks about. Retrieved 24 June, 2019, from https://brightthemag.com/inequity-foreign-aid-workers-security-pay-gap-international-humanitarian-62ae974cca3

Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne, 18*(2), 361-369.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal, 20*(1), 7-14. doi: 10.14691/CPPJ.20.1.7

Pigni, A. (2014). Building resilience and preventing burnout among aid workers in Palestine: Aapersonal account of mindfulness based staff care. *Intervention, 12*(2), 231-239.

Ploch Blanchard, L. (2013). The crisis in South Sudan. n.p.

Poghosyan, L., Aiken, L. H., & Sloane, D. M. (2009). Factor structure of the Maslach Burnout Inventory: an analysis of data from large scale cross-sectional surveys of nurses from eight countries. *International Journal of Nursing Studies, 46*(7), 894-902. doi: 10.1016/j.ijnurstu.2009.03.004

Ponto, J. (2015). Understanding and evaluating survey research. *Journal of Advaned Practitioner in Oncology, 6*(2), 168–171.
Porter, B., & Emmens, B. (2009). Approaches to staff care in international NGOs London: People in Aid/InterHealth.
Powell, R. R. (2006). Evaluation Research: An Overview. *Library Trends, 55*(1), 102-120. doi: https://doi.org/10.1353/lib.2006.0050
Qiu, H., Zhang, Y., Hou, G., & Wang, Z. (2018). The integrative effects of leading by example and follower traits in public goods game: A multilevel study. *Frontiers in Psychology, 9*(1687). doi: 10.3389/fpsyg.2018.01687
QSR International Pty Ltd. (n.d.). NVivo. Powerful research made easier. Retrieved 27 February, 2019, from https://http://www.qsrinternational.com/nvivo/home
Quinn, M. M., & Smith, P. M. (2018). Gender, work and health. *Annals of Work Exposure and Health, 62*(4), 389–392. doi: https://doi.org/10.1093/annweh/wxy019
Redfield, P. (2012). The unbearable lightness of expats: double binds of humanitarian mobility. *Cultural Anthropology, 27*(2), 358–382. doi: 10.1111/j.1548-1360.2012.01147.x
ReliefWeb. (2017). Inter-Agency Standing Committee - standard terms of reference for Humanitarian Country Teams, February 2017. Retrieved 16 April, 2019, from https://reliefweb.int/report/world/inter-agency-standing-committee-standard-terms-reference-humanitarian-country-teams
Remes, O., Brayne, C., Linde, R. v. d., & Lafortune, L. (2016). A systematic review of reviews on the prevalence of anxiety disorders in adult populations. *Brain and Behavior, 6*(7). doi: 10.1002/brb3.497
Renner, W., Salem, I., & Ottomeyer, K. (2006). Cross-cultural validation of measures of traumatic symptoms in groups of asylum seekers from Chechnya, Afghanistan, and West Africa. *Social Behaviour and Personality: An International Journal, 34*(9), 1101-1114. doi: https://doi.org/10.2224/sbp.2006.34.9.1101
Rieff, D. (2002). *A bed for the night : humanitarianism in crisis*. New York: Simon & Schuster.
Robins, C. S., Ware, N. C., dosReis, S., Willging, C. E., Chung, J. Y., & Lewis-Fernández, R. (2008). Dialogues on mixed-methods and mental health services research: anticipating challenges, building solutions. *Psychiatric Services, 59*(7). doi: [10.1176/appi.ps.59.7.727]
Roth, S. (2015a). Aid work as edgework – voluntary risk-taking and security in humanitarian assistance, development and human rights work. *Journal of Risk Research, 18*(2), 139-155. doi: https://doi.org/10.1080/13669877.2013.875934
Roth, S. (2015b). *The paradoxes of aid work: Passionate professionals*. Abingdon New York: Routledge.
Roth, S. (2015c). Why gender matters - but not just gender - in aid work. n.p.
Rothman, K. J. (1990). No adjustments are needed for multiple comparisons. *Epidemiology, 1*(1), 43-46.
Russel, H. B. (2006). *Research Methods in Anthropology. Quantitative and Qualitative Approaches* (4 ed.). Oxford: AltaMira Press.

Ryan, K. (2019). Taking stock of the Revitalized Agreement on the Resolution of the Conflict in South Sudan. Retrieved 3 February, 2019, from https://africacenter.org/spotlight/taking-stock-of-the-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan/

Sabr, M. e. D., Collins, R. O., Spaulding, J. L., & Sikainga, A. A. (n.d.). South Sudan. Retrieved 9 May, 2018, from https://http://www.britannica.com/place/South-Sudan

Sage researchmethods. (2008). Self-selection bias. Retrieved 13 January, 2020, from http://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n526.xml

Salas, E., Grossman, R., Hughes, A. M., & Coultas, C. W. (2015). Measuring team cohesion: observations from the science. *Human Factors, 57*(3), 365–374. doi: DOI: 10.1177/0018720815578267

Saleh, A., & Bista, K. (2017). Examining factors impacting online survey response rates in educational research: perceptions of graduate students. *Journal of MultiDisciplinary Evaluation, 13*(29), 63-74.

Sanders, L. D. (2010). *Discovering research methods in psychology: a student's guide*. West Sussex: BPS Blackwell.

Sandvic, K. B. (2019). 'Safeguarding' as humanitarian buzzword: an initial scoping. *Journal of International Humanitarian Actionvolume, 4*(3). doi: https://doi.org/10.1186/s41018-019-0051-1

Schafer, A. (2010). Spirituality and mental health in humanitarian contexts: an exploration based on World Vision's Haiti earthquake response. *Intervention, 8*(2), 121 - 130.

Schaufeli, W. (2017). Applying the Job Demands-Resources model: a 'how to' guide to measuring and tackling work engagement and burnout. *Organizational Dynamics, 46*, 120-132. doi: http://dx.doi.org/10.1016/j.orgdyn.2017.04.008

Schaufeli, W., & Taris, T. (2014). A critical review of the Job Demands-Resource model: implications for improving work and health. In Georg F. Bauer & O. Hämmig (Eds.), *Bridging occupational, organizational and public health: a transdisciplinary approach* (pp. 43-68): Springer.

Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *Kölner Zeitschrift für Soziologie und Sozialpsychologie, 2*(69), 107–131. doi: 10.1007/s11577-017-0454-1

Seidlitz, L., Abernethy, A. D., Duberstein, P. R., Evinger, J. S., Chang, T. H., & Lewis, B. (2002). Development of the spiritual transcendence index. *Journal of the Scientific Study of Religion, 41*(3), 439-453.

Senécal, J., Loughead, T. M., & Bloom, G. A. (2008). A season-long team-building intervention: examining the effect of team goal setting on cohesion. *Journal of Sport and Exercise Psychology*, 186-199. doi: https://doi.org/10.1123/jsep.30.2.186

Silverman, D. (2014). *Interpreting qualitative data* (K. Metzler Ed.). London: Sage Publications.

Simbula, S. (2010). Daily fluctuations in teachers' well-being: a diary study using the Job Demands-Resources model. *Anxiety, Stress & Coping, 23*(5), 563-584. doi: 10.1080/10615801003728273

Sincero, S. M. (n.d.). Online surveys. Retrieved 15 April, 2019, from https://explorable.com/online-surveys

Sinclair, M., O'Toole, J., Malawaraarachchi, M., & Leder, K. (2012). Comparison of response rates and cost-effectiveness for a community-based survey: postal, internet and telephone modes with generic or personalised recruitment approaches. *BMC Medical Research Methodology, 12*(132). doi: 10.1186/1471-2288-12-132

Slim, H. (2000). Fidelity and variation: discerning the development and evolution of the humanitarian idea. *The Fletcher Forum of World Affairs Journal, 24*, 5-21.

Slim, H. (2015). *Humanitarian ethics: a guide to the morality of aid in war and disaster*. Oxford, New York: Oxford University Press.

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis. Theory, method, research*. London: Sage publications.

Smith, J. A. (2011). Evaluating the contribution of Interpretative Phenomenological Analysis. *Health Psychology Review, 5*(1), 9-27. doi: 10.1080/17437199.2010.510659

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain, 9*(1), 41-42. doi: 10.1177/2049463714541642

South Sudan NGO Forum. (2017). Country Directors' weekly update: 12 November 2017. Juba: NGO Forum.

South Sudan NGO Forum. (2019). Country Director Weekly Update. Juba.

Spero, D. (2016). Tag archives: Terrain compound attack. Retrieved 18 March, 2019, from https://diplopundit.net/tag/terrain-compound-attack/

Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology* (2nd ed.). London: Sage.

StatisticalMisses.nl. (n.d.). To Bonferroni or not to Bonferroni? Retrieved 20 May, 2018, from http://www.statisticalmisses.nl/index.php/faq/57-to-bonferroni-or-not-to-bonferroni

Stephen J. Ganocy, Toyomi Goto, Philip K. Chan, Gregory H. Cohen, Laura Sampson, Sandro Galea, . . . Marijo B. Tamburrino. (2016). Association of spirituality with mental health conditions in Ohio National Guard Soldiers. *Journal of Nervous and Mental Disease, 204*(7), 524-529. doi: 10.1097/NMD.0000000000000519

Stevens, D. E., & Bloom, G. A. (2003). The effect of team building on cohesion. *Avante, 9*(1), 43-55.

Stoddard, A., Harmer, A., & Czwarno, M. (2017). Aid worker security report 2017. Behind the attacks: a look at the perpetrators of violence against aid workers. n.p.: Humanitarian outcomes.

Stoddard, A., Harmer, A., & Haver, K. (2011). Safety and security for national humanitarian workers. New York: UNOCHA.

Stoddard, A., Harvey, P., Czwarno, M., & Breckenridge, M. (2019). Aid Worker Security Report 2019. Speakable: Addressing sexual violence and gender-based risk in humanitarian aid. n.p.: Humanitarian Outcomes.

Strohmeier, H. (2018). Organizational staff support in South Sudan: an overview of current services and recommendations for future initiatives. Edinburgh: Queen Margaret University, Antares Foundation.

Strohmeier, H., & Scholte, W. F. (2015). Trauma-related mental health problems among national humanitarian staff: a systematic review of the literature. *European Journal of Psychotraumatology, 6*(28541). doi: 10.3402/ejpt.v6.28541

Strohmeier, H., Scholte, W. F., & Ager, A. (2019). How to improve organisational staff support? Suggestions from humanitarian workers in South Sudan. *Intervention*. doi: 10.4103/INTV.INTV_22_18

Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 11*(2), 63-75. doi: DOI 10.3316/QRJ1102063

Suriyaarachchi, R. (2017). This is what it takes to be a UNICEF humanitarian worker. See the lengths they go to for children. Retrieved 4 February, 2019, from https://http://www.unicef.org.au/blog/unicef-in-action/november-2017/what-it-takes-to-be-a-humanitarian-worker

Surya, M., Jaff, D., Stilwell, B., & Schubert, J. (2017). The importance of mental well-being for health professionals during complex emergencies: it is time we take it seriously. *Global Health: Science and Practice, 5*(2), 188-196. doi: 10.9745/GHSP-D-17-00017

Symes, L., Maddoux, J., McFarlane, J., & Pennings, J. (2016). A risk assessment tool to predict sustained PTSD symptoms among women reporting abuse. *Journal of Women's Health, 25*(4), 340-347. doi: 10.1089/jwh.2015.5287

TargetJobs. (n.d.). Aid worker/ humanitarian worker. Retrieved 4 February, 2019, from https://targetjobs.co.uk/careers-advice/job-descriptions/277133-aid-workerhumanitarian-worker-job-description

Tashakkori, A., & Teddlie, C. (2010). Overview of contemporary issues in mixed method research. In A. Tashakkori & C. Teddlie (Eds.), *Sage handbook of mixed methods in social & behavioral research* (2 ed., pp. 1-41). Los Angeles Sage.

The Employee Assistance Trade Association. (2015). The value of employee assistance programs.

The Guardian. (2015). Guardian research suggests mental health crisis among aid workers. Retrieved 22 January, 2016, from http://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers

Trading Economics. (2019). South Sudan inflation rate. Retrieved 14 May, 2019, from https://tradingeconomics.com/south-sudan/inflation-cpi

Trochim, W. M. K. (2006). Introduction to evaluation research. Retrieved 16 May, 2019, from https://socialresearchmethods.net/kb/intreval.php

Tunarosa, A., & Glynn, M. A. (2017). Strategies of integration in mixed methods research: Insights using relational algorithms. *Organizational Research Methods, 20*(2), 224-242. doi: https://doi.org/10.1177/1094428116637197

U.S. Department of State. (2018). South Sudan. Retrieved 28 April, 2019, from https://http://www.state.gov/e/eb/rls/othr/ics/2018/af/281466.htm
Ugwu, I. (2018). UNHAS in South Sudan: enabling a comprehensive humanitarian response. Retrieved 14 May, 2019
UN Meetings Coverage and Press Releases. (2017). Security Council presidential statement urges greater humanitarian access to famine-threatened Yemen, South Sudan, Somalia, Nigeria. Retrieved 30 August, 2018, from https://http://www.un.org/press/en/2017/sc12946.doc.htm
UN News. (2017). UN aid chief urges global action as starvation, famine loom for 20 million across four countries. Retrieved 22 March, 2018, from https://news.un.org/en/story/2017/03/553152-un-aid-chief-urges-global-action-starvation-famine-loom-20-million-across-four
UN Secretariat. (2017). Introduction of a new staff selection and managed mobility system *Secretary-General's bulletin*. n.p.: UN Secretariat.
UN Women. (n.d.). Glossary. Retrieved 3 February, 2016, from https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=C&sortkey=&sortorder
UNDP. (2018). Human Development Reports. 2018 statistical update. Retrieved 13 March, 2019, from http://hdr.undp.org/en/2018-update
UNHCR. (2013). Countries hosting Syrian refugees: solidarity and burden-sharing *Background Papers for the High Level Segment*. Geneva.
UNICEF. (2009). Stress in our workplace (2 ed.). n.p.
United Nations. (2018). A healthy workforce for a better world. United Nations System mental health and well-being strategy. n.p.: United Nations.
UNOCHA. (2018). Humanitarian Response Plan 2019: South Sudan. n.p.: UNOCHA.
UNOCHA. (n.d.-a). Humanitarian Response Plan. Retrieved 1 April, 2019, from https://http://www.humanitarianresponse.info/en/operations/nigeria/humanitarian-response-plan
UNOCHA. (n.d.-b). Who does what? Retrieved 1 April, 2019, from https://http://www.humanitarianresponse.info/en/about-clusters/who-does-what
US Office of Personnel Management. (n.d.). What is an Employee Assistance Program (EAP)? Retrieved 30 May, 2019, from https://http://www.opm.gov/faqs/QA.aspx?fid=4313c618-a96e-4c8e-b078-1f76912a10d9&pid=2c2b1e5b-6ff1-4940-b478-34039a1e1174
van der Zee, B. (2015). Less than 2% of humanitarian funds 'go directly to local NGOs'. *Working in development.* Retrieved 11 August, 2019, from https://http://www.theguardian.com/global-development-professionals-network/2015/oct/16/less-than-2-of-humanitarian-funds-go-directly-to-local-ngos
Vaux, T. (2001). *The selfish altruist: relief work in famine and war*. New York: Taylor & Francis.
Ventevogel, P., & Faiz, H. (2018). Mental disorder or emotional distress? How psychiatric surveys in Afghanistan ignore the role of gender, culture and context. *Intervention, 16*(3), 207-214. doi: 10.4103/INTV.INTV_60_18
Ventevogel, P., Vries, G. D., Scholte, W. F., Shinwari, N. R., Faiz, H., Nassery, R., . . . Olff, M. (2007). Properties of the Hopkins Symptom Checklist-25 (HSCL-25) and

the Self-Reporting Questionnaire (SRQ-20) as screening instruments used in primary care in Afghanistan. *Social Psychiatry and Psychiatric Epidemiology, 42*, 328-335. doi: 10.1007/s00127-007-0161-8

Visser, M., Mills, M., Heyse, L., Wittek, R., & Bollettino, V. (2016). Work-life balance among humanitarian aid workers. *Nonprofit and Voluntary Sector Quarterly, 45*(6), 1191–1213. doi: 10.1177/0899764016634890

Wagner, L. (2015). Compassion and care at the limits of privilege: Haitian doctors amid the influx of foreign humanitarian volunteers. In S. Abramowitz & C. Panter-Brick (Eds.), *Medical humanitarianism. Ethnographies of practice* (pp. 41-57). Philadelphia: University of Pennsylvania Press.

Wall, I. (2015). Sexual assaults against aid workers: how serious is the situation? Retrieved 25 August, 2017, from https://http://www.theguardian.com/global-development-professionals-network/2015/aug/06/sexual-assaults-against-aid-workers-how-serious-is-the-situation

Wang, X. L., Chan, C. L. W., Shi, Z. B., & Wang, B. (2013a). Mental health risks in the local workforce engaged in disaster relief and reconstruction. *Qualitative Health Research, 23*(2), 207-217. doi: 10.1177/1049732312467706

Wang, X. L., Yip, P. S. F., & Chan, C. L. W. (2013b). Suicide prevention of local public and volunteer relief workers in disaster-affected areas. *Public Health Management Practice, June*(00), 1-8.

Warnica, R. (2015). Canadian's $680,000 for three nights in hell: kidnapped aid worker wins landmark suit against NGO. Retrieved 28 January, 2019, from https://nationalpost.com/news/canada/canadians-680000-for-three-nights-in-hell

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved 25 August 2017, from https://http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Welton-Mitchell, C. E. (2013). UNHCR's mental health and psychosocial support for staff. Geneva: UNHCR.

WFP. (2016). Afghanistan: Destinations served by UNHAS. Retrieved 14 May, 2019, from https://reliefweb.int/map/afghanistan/afghanistan-destinations-served-united-nations-humanitarian-air-service-unhas-2016

WFP, & FAO. (2016). Special working paper on devaluation of South Sudan Pound: short-term food security implications Juba.

WHO. (2002). Gender and mental health. Geneva: WHO.

WHO. (2015). List of National Ethics Committees. n.p.

WHO. (2018). South Sudan. Emergency type: humanitarian crisis in South Sudan. n.p.: WHO.

WHO. (2019). Mental health in the workplace. Retrieved 30 June, 2019, from https://http://www.who.int/mental_health/in_the_workplace/en/

WHO. (n.d.). Ethics and health. Retrieved 9 April, 2019, from https://http://www.who.int/ethics/research/en/

Wille, C., & Fast, L. (2011). Aid, gender and security: the gendered nature of security events affecting aid workers and aid delivery *Security Facts for Humanitarian Aid Agencies*: Insecurity Insight.

Winsor, M. (2018). South Sudan marks 5 years of vicious civil war. Retrieved 15 March, 2019, from https://abcnews.go.com/International/south-sudan-marks-years-vicious-civil-war/story?id=59797433

Wolff, M. (2003). Appointed rounds. In C. Bergman (Ed.), *Another day in paradise. International humanitarian workers tell their stories* (pp. 232-241). Maryknoll: Orbis Books.

Woodward, A., Sondorp, E., Witter, S., & Martineau, T. (2016). Health systems research in fragile and conflict-affected states: a research agenda-setting exercise. *Health Research Policy and Systems, 14*(1). doi: 10.1186/s12961-016-0124-1

Wright, K. B. (2017). Researching Internet-based populations: advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication, 10*(3). doi: https://doi.org/10.1111/j.1083-6101.2005.tb00259.x

Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The role of personal resources in the Job Demands-Resources model. *International Journal of Stress Management, 14*(2), 121–141. doi: 10.1037/1072-5245.14.2.121

Xuereba, C. B., Shawa, R. L., & Lane, D. A. (2016). Patients' and physicians' experiences of atrial fibrillation consultations and anticoagulation decision-making: a multi-perspective IPA design. *Psychology & Health, 31*(4), 436–455. doi: http://dx.doi.org/10.1080/08870446.2015.1116534

Young, T. K. H., Pakenham, K. I., & Norwood, M. F. (2018). Thematic analysis of aid workers' stressors and coping strategies: work, psychological, lifestyle and social dimensions. *Journal of International Humanitarian Action, 3*(19). doi: https://doi.org/10.1186/s41018-018-0046-3

Yusoff N, Low WY, & Yip CH. (2010). Reliability and validity of the Brief COPE Scale (English version) among women with breast cancer undergoing treatment of adjuvant chemotherapy: a Malaysian study. *The Medical Journal of Malaysia, 65*(1), 41-44.

Zamawe, F. (2015). The implication of using NVivo software in qualitative data analysis: evidence-based reflections. *Malawi Medical Journal, 27*(1), 13-15.

Zhang, C.-H., & Huang, J. (2008). The sparsity and bias of the LASSO selection in high-dimensional linear regression. *Annals of Statistics, 36*(4). doi: 10.1214/07-AOS520

Zhao, S., Shojaie, A., & Witten, D. (2017). In defense of the indefensible: a very naive approach to high-dimensional inference. *arXiv:1705.05543 [stat.ME]*.

Annexes

Annex 1: Request for organizational support, survey phase

MENTAL HEALTH AND WELL-BEING OF HUMANITARIAN WORKERS

Request for Organizational Support in Undertaking an Online Survey on the Mental Health and Well-being of Humanitarian Workers in South Sudan

What is the survey about?

The survey focuses on the mental health and well-being of humanitarian workers in South Sudan. It aims to identify the factors that reduce or increase the likelihood of workers of humanitarian organizations facing challenges to their well-being. The survey guarantees confidentiality to organizations and anonymity to participants. It will be conducted in English, take approximately one hour to complete, and be open for individuals to participate for one month.

Who can participate in the survey?

We are going to include national NGOs, international NGOs, International Organizations and United Nations entities that 1) participate in the 2017 Humanitarian Response Plan for South Sudan and/or are part of the Humanitarian Country Team (including observers); 2) have 10 or more staff employed in South Sudan; and 3) have operated in South Sudan for one year or longer. Eligible to complete the survey are paid workers (national and international staff/consultants/UN volunteers) from these organizations whose official duty station is located in South Sudan.

When will the survey be conducted?

The survey is planned to be conducted between May and June 2017.

Why is research on mental health and well-being of humanitarian workers important?

Humanitarian workers are exposed to traumatic events and other stressors, which may represent a risk to their mental health. Reduced mental health and well-being has serious implications for an individuals' personal and professional life. Humanitarian workers have begun to voice increasing concern over these problems and humanitarian organizations see compromised mental health as an issue that impacts negatively on organizational functioning.[1] Yet, the very limited availability of reliable data presents a major barrier in effectively responding to the needs of their workforce.

What is the added value of this specific survey?

South Sudan continuously ranked high regarding violence against aid workers in recent years. In 2015, it was the most violent country with regard to major attacks on aid workers globally. In addition to major attacks, numerous other critical incidents, such as robberies and traffic accidents, were counted and the outbreak of violence in Juba and other parts of South Sudan in July 2016 has further

aggravated the security situation for humanitarian workers.[2] This survey responds to the deteriorated security situation in South Sudan and the clear need for further research.

What exactly are the benefits of participating in the survey?

…for humanitarian workers?

The survey provides a great opportunity for humanitarian workers to report their experiences, emotions, and coping strategies in an anonymous and secure way. By doing so, they meaningfully contribute to collecting data that will help facilitate change and address their needs effectively.

…for humanitarian organizations?

Aggregated findings (linked neither to individual organizations nor named individuals) will provide organizations with valuable information on the mental health and well-being of humanitarian workers and factors that exacerbate or reduce risks of experiencing difficulties. The results will serve as an excellent basis for organizations to take stock and, as appropriate, adjust existing or establish new programs and policies to support the well-being of their workers.

How can organizations support the administration of the survey?

Organizational support is crucial for achieving the breadth of engagement with the survey to ensure accurate conclusions can be drawn. Through the following few simple steps organizations will contribute a great deal towards this end:

1. Confirm that your organization fulfills the eligibility criteria and agrees to support the survey;
2. Identify a focal person who will liaise with the researchers;
3. Inform your organizations' workforce based in South Sudan about the survey and encourage participation;
4. Send a brief reminder encouraging participation after two weeks;
5. Send a final reminder shortly before the survey closes.

Once we received your confirmation, researchers will answer any questions you or your workforce may have and provide you draft emails for every step.

How will the researchers use the survey results?

Core findings of the study will be shared with supporting organizations in a brief Practice Report, and subsequently published in an academic journal. Names of supporting organizations and participating humanitarian workers will remain confidential and anonymous, and will not be disclosed to the public at any time.

Who are the researchers behind the survey?

The survey is part of a larger research project undertaken by Hannah Strohmeier, MSc and MA, a doctoral student, at the Institute for Global Health and Development (IGHD), Queen Margaret University, Edinburgh. The supervisory team of the research consists of Professor Alastair Ager, PhD, Director of IGHD and Professor of Population and Family Health at Columbia University, New York; Pim Scholte, MD, PhD, Academic Medical Center of the University of Amsterdam; and Oonagh O'Brien, IGHD, Queen Margaret University. Professor Ager, Dr Scholte and Mrs Strohmeier have all worked in humanitarian settings and published on the mental health and well-being of humanitarian workers. The researchers obtained ethical clearance for the survey by Queen Margaret

University, Edinburgh.

Who will provide further information?

Hannah Strohmeier will provide your organization with further information and answer questions related to the research project and survey. **Please contact Hannah at hstrohmeier@qmu.ac.uk to confirm your organization's support of the survey**, copying Alastair Ager at aager@qmu.ac.uk.

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[1] *Curling, P., & Simmons, K. B. (2010). Stress and staff support strategies for international aid work. Intervention, 8(2), 93-105; IASC. (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: IASC; McDonald, B. (2015). Humanitarian agencies need to stop failing their staff on mental health. Retrieved from website: http://www.theguardian.com/global-development-professionals-network/2015/jul/31/aid-workers-casualties-mental-health; "Secret aid worker". (2016). Secret aid worker: when your dream job ends in depression. Retrieved from website: http://www.theguardian.com/global-development-professionals-network/2016/jul/19/secret-aid-worker-when-your-dream-job-ends-in-depression; Welton-Mitchell, C. E. (2013). UNHCR's mental health and psychosocial support. Geneva: UNHCR.*

[2] *Humanitarian Outcomes. (2016). Aid worker security report 2015. Figures at a glance. London: Humanitarian Outcomes; Humanitarian Outcomes. (2017). Aid worker security report 2016: Figures at a glance. London: Humanitarian Outcomes; Critical Incident Stress Management Unit UNDSS. (2015). Staff needs assessment: Summary. Presentation. Critical Incident Stress Management Unit UNDSS. Juba.*

Annex 2: Interview schedule, focused qualitative phase

Interview schedule for semi-structured interviews with humanitarian workers

Issues/themes	Interview questions
Motivation	Why did you choose to become a humanitarian worker? How did you chose to work in South Sudan?
The humanitarian space of Juba	And now, what is it like for you to be a humanitarian worker here in South Sudan? What comes to your mind when you reflect on the humanitarian operation here, the set up? In other words: if you take a step back and look at your environment, what are your thoughts and feelings?
Identity-related factors shaping one's experience	What factors shape your identity as humanitarian worker here in South Sudan (e.g. age, gender, nationality)? In what way do these factors shape your identity as humanitarian worker – can you give examples? Gender: what does it mean for you to be a man/woman in the humanitarian sector here in South Sudan?
Rewards and challenges	What do you personally cherish most about your life as humanitarian worker? • Can you describe a moment of importance to you in which these positive aspects manifested? What are the things you personally find most challenging in your life as humanitarian worker? • Why do you consider these things challenging?
Humanitarian work and mental health	What happens when you experience these challenges – how do these situations make you feel? How do you personally cope with challenging experiences (e.g., how do you interact with your environment, do you seek support, what type of support)? • Why are you behaving in this way? What does it take for you personally to exist day by day in this humanitarian space?

	What does mental health mean to you – how do you understand this term? How does your life as humanitarian worker intersect with your own mental health?
Personal future	What do you wish for your personal future?

Annex 3: Interview schedule, evaluation phase

Interviews with Country Director/Head of Mission or Human Resource representative

How do you/your organization understand staff support?

- What does/should it entail (e.g., medical care, constant psychological care, crisis support, evacuation, safety and security measures etc.)?
- Based on what grounds does your organization provide staff support (or should provide staff support) – legal, moral, economic reasons?

What is your organization doing in terms of staff support (e.g., induction of new staff, R&R, regular medical check-ups, post-assignment support, etc.)?

- Do you have a specific component on psychosocial well-being?
- How does your organization inform staff about these services (e.g., briefing at start of assignment, regular emails etc.)
- Who delivers these services (in-house capacity, external contractors etc.) – and what are the benefits and challenges of this model (and why)?
- Can you break this down in national/international staff?
- Are there any other dimensions/groups you have specific precautions for (e.g. women/men)?

How does your organization finance staff support (e.g., is there a separate budget for this)?

Do you collect any data on staff support-related incidents (e.g., medical complaints/evacuations, psychological complaints/evacuations, % of staff making use of certain staff care provisions, such as counselling etc.)?

Have you undertaken any staff surveys or other measures to evaluate staff support services?

- If yes, what were the results?
- If no, why not?

What do you personally think is going well/ what are good practices?

- Why, can you give an example?

Where do you see major challenges?

- Why can you give an example?

How do you think could staff support be improved within your organization?

- What would you need to achieve this?

Are you aware of any guidance manuals on humanitarian staff support (e.g., IASC Guidelines, Antares Guidelines, Sphere project etc.)?

Are you aware of any institutes/organizations working specifically on humanitarian staff support (e.g., Headington Institute, Antares Foundation)?